Primrose Hill Primary School

Princess Road London NW1 8JL Tel. 020 7722 8500

LEAVE OF ABSENCE DURING SCHOOL TIME

This form is to be completed by the parent/carer and submitted to the Headteacher **BEFORE** the period of absence.

To:	The Headteacher		
Re:			Class:
			Class:
I reques	st permission for the above name	ed child(ren) to be abs	ent from school on the following date(s):
From:		To:	
Number	of school days absent:		
It is necessary to take my child(ren) out of school during term time because:			
Signed:	(Parent/carer)		Date:
DECISION OF HEADTEACHER			
	This period	d of absence is authoric	sed.
This period of absence is unauthorised and will be reported to the Education Welfare Officer. $\ \Box$			
This request has been discussed with the parent / carer			
Signed:	(Headteacher)		Date:
and the	pil of compulsory school age		9(1)(e) ten school days of the agreed date, dable cause, his/her name should be
For office u	ise only –		
Illness	Anno	ual family holiday	Extended leave
Other circu	mstances Una	uthorised absence	Medical/Dental treatment
Religious o	bservance		

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