



REQUEST FOR TERM TIME ABSENCE FROM ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

Child's Name:

Year: Class Teacher:

I/We request permission for my/our child to be absent from school from
..... to

My/Our child will be back in school on

Number of School days my/our child will be absent

Reason for request; please give as much detail as possible to enable the school to make an informed decision:

.....
.....
.....
.....
.....

Signed Date

Please note:

- Any absence within the academic year will be classed as unauthorised, unless permission has been granted by the Headteacher.
- We follow the guidelines which state that we may in **exceptional circumstances** authorise an absence in term time.
- Authorisation must be applied for in advance. Authorisation will not be given retrospectively.

APPENDIX 1

To be completed by school

Discussion notes:

Telephone/ Meeting/ Letter (please delete as appropriate)

Signed.....
Attendance Officer/ Deputy Headteacher/ Head Teacher (Delete as appropriate)

Date.....

Attach a copy of letter to parent