

Charlesworth School

Long Lane, Charlesworth, Derbyshire, SK13 5ET

Headteacher: Mr Philip Whiston



APPLICATION BY PARENT(S) FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES.

Name of child(ren): Year Group(s):

Name of parents: Mrs/Ms/Miss/Dr.....

Address:

I/We wish to apply for our child/children to be absent from school for **EXCEPTIONAL CIRCUMSTANCES**.

Dates: From..... To.....

Total number of days requested:

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances.

The absence will not be approved without supporting evidence such as letter from employer about time off, invitation to event etc...

Parent(s) name(s):

Signature: Date:

THIS FORM SHOULD BE SUBMITTED TO THE HEAD TEACHER AT LEAST TWO WEEKS BEFORE THE DATE OF REQUESTED LEAVE. Did you know that if your child has 10 days off school they miss 5% of their education that year. If this continues through their time at primary school, they will have missed nearly half a year of their education!

FOR OFFICE USE: Authorised: Yes/No Unauthorised: Yes/No

Headteacher Signature: Date: