

Kibworth CE Primary School REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME

Please could I a to authorise abs for:		Name			Class	
		Name			Class	
Please Note: By term time, unless	Law, So ss under	chools are unable r exceptional circ	e to authorise cumstances.	e any request fo If you feel your	om school due to: or absence relating to holidays in circumstances are exceptional, Teacher outlining the exceptiona	
	Immed	liate family mem	nber's bereav	ement, crisis, s	erious illness or funeral	
	Weddi	ng of immediate	family mem	ber (please pro	vide evidence)	
	Religious observance (please specify)					
	Service personnel about to go on deple Commanding Officer)				ase provide letter from the	
	To participate as a competitor at a sporting event / competition (please provide evidence from organising body)					
	Examinations (please provide evidence from organising body)					
	Medical appointments for half a day or longer (Please evidence for absences of half a day or longer)					
	Other	(please specify)				
*Half a day is de	-	s being from mo	rning registro	ation until luncl	time, or from lunch time until th	he
Date From:		To: Tin		From:	То:	
Name of Parent/Carer:			Addre	Address:		
I/We understan Signature of Par			obliged to au	thorise this rec	uest.	
	•		FOR OFFICE			
Percentage atter	ndance:			Date received	by office:	
Absence Authorised				Absence Not	Authorised	
Signed by Head teacher				Date:		