

ST. ALBAN'S CATHOLIC PRIMARY SCHOOL

For School Use Only
Sessions requested:
Previous absences:
Sickness taken:

**Application for leave of absence in
Exceptional Circumstances**

Childs Name: _____

Childs Class: _____

I request permission for my child to be absent from school on the date/s below:

On: _____

OR

From: _____ **To:** _____

For the following reason/s:

Headteacher's Comment:

Permission Granted: **Yes** **No**

Signed: _____

Please note that your child's attendance record and the timing of Baseline Assessments for children in Reception classes, and the National Curriculum Tests for Year 2 and Year 6, will be taken into consideration before permission is granted.
This information should be treated as Private and Confidential.

