



**St. Chad's Catholic Primary School  
(part of St. John Bosco Catholic Academy Company)**

Child(ren)names .....

Class/es .....

Address.....

Post Code.....

I would like to apply for 'Leave of Absence' from school for the above named:

From (date).....to (date).....

The Head teacher may only grant 'Leave of Absence' in special or exceptional circumstances.

Please give the reason leave is required

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

By signing this form I understand the following:

1. The school's Attendance Policy states that absences during term time will not be authorised unless the Head teacher agrees that there are special or exceptional circumstances and that any absence will be recorded as unauthorised on the school register.
2. Any unauthorised absences MAY be referred to The Education Investigation Service.
3. I understand that if a referral is made to The Education Investigation Service that I may be subject to a Penalty Notice, (a fine of up to £120 in respect of each child and each parent,) and/or be subject to further legal proceedings in the Magistrates Court

Signed.....Name.....

Relationship to child.....

Names of each adult who has Parental Responsibility for each child  
.....

Address if different to child's home  
address:.....