



Application for Leave of Absence

Childs name: DOB:.....

Childs name: DOB:.....

Childs name: DOB:.....

Address:.....

Postcode:.....

I would like to apply for Leave of Absence from school for the above named children.

From: Date/...../.....

To: Date/...../.....

Number of school days requested:.....

Destination:.....

Parent(s)/Carer travelling with the child. (Please include title i.e. Mr, Mrs, Miss etc)

Name:.....Parental Responsibility Yes.....No.....

St Marys Catholic Primary School,
Mill Street, Brierley Hill
West Midlands, DY5 2TH

Tel: 01384 985005
www.st-mary-bh.dudley.sch.uk
Principal: Mrs I Borriello



ST MARY'S
CATHOLIC PRIMARY SCHOOL

Name:.....Parental Responsibility Yes.....No.....

Name.....Parental Responsibility Yes.....No.....

The Principal may only grant Leave of Absence in exceptional circumstances. Please give the reason that leave is required.

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By signing this form I understand the following:

1. The Schools Attendance policy states that absences during term time will not be authorised unless the Head Teacher agrees that there are exceptional circumstances and that any absences 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 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.
4. If my child does not return to school after the above leave of absence date, school may remove my child's name from the school register under Regulation 8, 1 (f) of The Education (Pupil Registration) (England) Regulations 2006.

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Signed:.....Name:.....
.....

Relationship to
child.....Date:.....

Address if different to child/children:
.....
.....Postcode.....

Please return this form to school once completed

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