NOTICE OF ABSENCE FROM SCHOOL IN TERM TIME
ST. THOMAS' LEESFIELD C of E PRIMARY SCHOOL

COMPLETE AND SUBMIT TO THE SCHOOL OFFICE PRIOR TO THE REQUESTED ABSENCE

CHILD'S NAME: _____ CLASS: _____

DATE OF BIRTH: _____

NAME OF PARENT/CARER REQUSTING ABSENCE: _____

ADDRESS: _____

POST CODE: _____

CONTACT TELEPHONE NUMBER: _____

RESON FOR ABSENCE: _____

_____

_____

DATE ABSENCE WILL BEGIN: _____

DATE CHILD WILL RTURN TO SCHOOL: _____

NUMBER OF SCHOOL DAYS MISSED: _____

I ACKNOWLEDGE THAT SCHOOL WILL NOT AUTHORISE ANY ABSENCE, DURING TERM TIME, UNLESS THERE ARE EXCEPTIONAL CIRCUMSTANCES.

SIGNED: _____

Dovestone
LEARNING PARTNERSHIP