



Broughton Hall Catholic High School

LEAVE OF ABSENCE REQUEST FORM

Please complete the details below and return the form care of the Head Teacher at least six weeks prior to the requested dates. Any requests received after this period will not be considered.

Pupil Name & Tutor Group:

Last Date of school attendance:

First Date of return to school:

Number of school days missed due to leave of absence:

Explanation for the request:

Please be aware that you will be required to provide evidence to support your request e.g. Medical evidence, shift pattern from employer. Please attach your evidence to this application; alternatively use the reverse of the form

All information supporting your application for a leave of absence must be submitted along with your application to school. This includes any evidence supporting 'exceptional circumstances' for consideration by the head teacher. Any evidence submitted from an employer must be on letter headed paper and signed by your employer. Any supporting information submitted may be used as evidence should the case later proceed to court.

I understand that keeping my child off school if my request is not granted will result in the absence being recorded as Unauthorised. This may result in a Penalty Notice being issued to me by the Local Authority for the non-attendance of my child at school.

Parent/Carer: Signed: _____ Date: _____

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Office use only:

LEAVE OF ABSENCE REQUEST GRANTED:	LEAVE OF ABSENCE REQUEST DECLINED:
Pupil's attendance is %	Pupil's attendance is %
From: To:	Signed: Date:
Signed: Date:	