



St Catharine's Catholic Primary School , Chipping Campden GL55 6DZ

01386 840677

[admin@st-catharines.gloucs.sch.uk](mailto:admin@st-catharines.gloucs.sch.uk)

[www.stcatharines.org.uk](http://www.stcatharines.org.uk)

**APPLICATION FOR LEAVE OF ABSENCE**

Absence from school can seriously disrupt your child's continuity of learning. Not only do they miss the teaching provided on the days they are away, they are also less well prepared for lessons upon their return. There is a consequent risk of underachievement, which together we must seek to avoid.

**NAME OF PUPIL**.....

**CLASS** .....

I request permission for the above named child to take time off school

Dates: From .....to .....

**REASON FOR ABSENCE**

Doctor/Dental/Hospital appointment

Other Exceptional circumstance

PLEASE PROVIDE DETAILS OF EXCEPTIONAL CIRCUMSTANCE (RELIGIOUS OBSERVANCE, TRAVELLER FAMILY IN CONNECTION WITH WORK, ETC)

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

Signed .....Parent/Carer Date .....

Authorised/Declined .....Headteacher  
Date.....

**This form must be returned to school no less than 2 weeks before the planned absence.**

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Dear Parent/Carer

**NAME OF PUPIL**.....

**CLASS** .....

Current Attendance %
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† Leave of absence authorised between .....and  
.....

Please ensure that your child returns to school promptly following the absence.

† Leave of absence refused. Any absence from school between .....and  
.....

will be marked as unauthorised and may result in a Penalty Notice being issued in accordance with the School's Attendance policy and guidance issued by Gloucestershire Education Entitlement and Inclusion Team.

Signed .....Headteacher

Date .....