

**Application for Pupil Leave of Absence**

This form is to be used if you wish to apply for a leave of absence before confirming holiday arrangements. Parents do have a legal duty to ensure their child’s regular attendance at school. The Head has to consider the reasons for the request, the effect on the child’s learning and his/her overall attendance. The Head may authorise leave of absence for up to 10 days in any school year. Upon approval, the form will be returned to the parent or guardian requesting the absence.

Please complete the following form, save and email to **absence@sibfordschool.co.uk** at least one week prior to the absence.

Please note that it is the **pupil’s responsibility** to request/collect work from his/her teachers before the absence.

I apply for leave of absence for my child.

Parent’s/Guardian’s Name:

Pupil’s Name:

Tutor group:

Requested dates/times  
for absence:

From:

To:

Reason for absence:

Is the absence medical related? Yes / No

If yes, please provide further details:

This information will be shared with the School Nurse and possibly the Designated Safeguarding Lead.

Work requested: Yes / No

Date by which pupil needs to collect work from teachers: .....

Have you previously had leave of absence for this child in this school year? Yes No

If yes, please give details:

Parent’s/Guardian’s signature:

Head’s signature: .....

Head’s comments: .....

*Office Use: Copies to Tutor and Head of Key Stage*