## Llangewydd Junior School Absence during term time request form

## ONLY IN UNIQUE CIRCUMSTANCES WILL THE SCHOOL CONSIDER AUTHORSING ABSENCE DURING TERM TIME

Address

Tel no

#### **Section A**

Class

Name of Child:

To be completed by the Parent/Guardian at least 2 weeks in advance.

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2.					
3.					
4.					
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Holiday Destination	Holiday Dates		Number of days	Unique circumstance (please specify)	
	(from and to)		off school		
the head teache child's circumst may lead to a r	er will use h ances. If th equest for	is/her discre ne Headteac a Fixed Per	may be authorised of tion in making the d her does not author nalty Notice to the I with the schools att	ecision bas rise this hol _ocal Autho	ed on my iday, this rity Lead

#### **Decision (for school use only)**

- o This request for absence has been authorised.
- This request for absence has unfortunately **NOT** been authorised. This absence will be recorded as an unauthorised absence.

Parent/Guardian Name .....

- o No details of unique circumstances have been provided on the form.
- o The circumstances are not considered individually unique.

Signed by Headteacher:	Date:

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### **FOR SCHOOL USE ONLY**

# Section B To be completed by the head teacher within at least 1 week from the request. Attendance % at present:..... Reasons for un-authorising ...... Reasons for authorising ...... ..... ..... I, as head teacher has authorised/unauthorised (\* delete) the following holiday request for the reasons specified above. Please see attached attendance registration certificate. Signed ..... Headteacher

A copy will be retained on file for our records.