

BERRY HILL PRIMARY SCHOOL

REQUEST FOR WITHDRAWAL FROM LEARNING – TERM-TIME ABSENCE

Pupil's Name: Tutor Group/Class:

Home Address:

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Date of Last day at School: Date of Return to School:

Total number of school days missed:

Please explain the exceptional circumstances that make it necessary for your child to be absent in term time.

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I have enclosed a copy of a relevant document to support my request e.g. a special invitation letter

I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance. I understand that holidays will not be authorised.

Name of Parent/Carer making application:

Signed: Date:

Please provide email address to receive outcome of application.....

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**PLEASE RETURN COMPLETED APPLICATION FORM TO YOUR CHILD'S SCHOOL GIVING AT LEAST 6 WEEKS' NOTICE OF INTENDED ABSENCE.
NO ABSENCES WILL BE AUTHORISED IN THE FIRST TWO WEEKS OF ANY TERM OR DURING MAY.**

For school use:	Date received:
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Has been authorised

Has not been authorised

Signed:
Head Teacher

Date:

Reason.....