CHILDWALL SPORTS & SCIENCE ACADEMY
LYDIATE LEARNING TRUST

Request for leave of absence during term time

Name of student(s)	DOB	Form

Name of parent/carer who will be accompanying & relationship:	
Address:	
Contact Number:	

I request the above named student/s to be absence from the academy between :-	
First day of absence:	
Date of return:	
Total number of days absent:	
Destination:	

Reason for absence:	Holiday	Medical
Sporting Activity	Religious Observance	Other
Please detail below the reason for your request for absence from school in term time and include any supporting information (e.g. medical appointment letter).		

Signed: …….. (Parent/Carer) Date: ……

PLEASE RETURN COMPLETED FORM TO ATTENDANCE OFFICE

FOR OFFICE USE ONLY.

Date received:		Attendance %:
Number of authorised sessions:		Number of unauthorised sessions:
Date of last absence:		Reason:
Has a PN been issued in the past 3 years?	Date: Date: Date:	Next stage; First Offence Second Offence Third or further Offences
Exams Officer to confirm no exams	YES	NO
Absence authorised		Absence unauthorised
Headteacher signature:		
Entered on SIMS:		Letter created:
Date of reply posted:		Filed by: