

STUDENT LEAVE OF ABSENCE REQUEST

To be completed by Parent/Carer (with Parental Responsibility for the child)

All Parents/Carers are reminded that they have a responsibility to ensure that their child attends school regularly. The school sets a minimum expectation of 96% attendance for all students.

Parents/Carers are strongly advised NOT to take family holidays during term time. Leave of absence notification forms must be completed.
Please note: Non-urgent medical appointments should not be arranged for during school hours (8:30am – 2:30pm). Where this is unavoidable students must attend school before and after their appointment. We **do not** authorise full days for medical appointments.
If you remove your child during Term Time to go on holiday, Salford City Council will issue you with a Penalty Notice.

I request (student name) _____ (student form) _____ be allowed to be absent from school (dates) _____ to _____.

Other siblings that this request affects are:

Name: _____ Form: _____

Name: _____ Form: _____

Medical / hospital appointment (please attach a copy of appointment letter)	Family Wedding / Funeral	
Religious Observance	Approved Sporting / Educational / Perf Arts Activity (please attach a copy of paperwork)	
Holiday	Other Please specific reason: _____	

Please provide further details of the absence below.

Signed: (Parent/Carer) _____ Date: _____

This form must be returned to Mr Davidson (Whole School Attendance Lead)

For school use only:

Current attendance: _____% Absence: authorised / unauthorised (please circle)

Absence code given: _____ Recorded on Arbor: Reply Letter sent:

Principal OR nominated member of staff: _____ Date: _____

Principal Mrs C Coy

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