

ELMRIDGE PRIMARY SCHOOL, WILTON DRIVE, HALE BARNES

ABSENCE/EXCEPTIONAL LEAVE REQUEST

Name of child(ren) _____ Year(s) _____

I/we request our child/ren to be absent for ___ days from Elmridge Primary School

starting _____ and returning to school on _____
(first day of absence) (first day back at school)

owing to _____ (family wedding, religious observance etc)

Depending on the reasons for the request, we may contact you to make an appointment to discuss with Mrs Appleyard or Mr Edmundson.

A letter will be sent advising if the dates will be registered as authorised or unauthorised on your child's record

Signed _____ (Parent/Guardian) Date _____

For office use

_____ days authorised _____ days unauthorised

Signed: _____ Head Date: _____

Parents informed: Y/N Ed. Welfare informed: Y/N

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