



Sir William Ramsay School

EMPOWERING EVERYONE TO ACHIEVE



REQUEST FOR PERMISSION TO TAKE LEAVE OF ABSENCE

To be completed before the absence is taken:

Date of request:	
Name of Parent:	
Address:	
Post Code:	

Name(s) of Children	Year Group

Country to be visited:	
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Reason for visit:	
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Last day in school:	
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Absent from:		Absent to:	
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Return to School date:	
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I understand the granting of absence during school term time is entirely at the discretion of the Head. If leave of absence is not granted by the Head for this request then I understand that my child/ren will be marked on the register as unauthorised attendance and I may be liable to a fine. In addition any absences which occur immediately prior to and straight after the agreed dates will be recorded as unauthorised unless supported by a doctor's certificate.

Signature of Parent(s): _____

For School Use Only:

Absence Authorised: Not Authorised: FPN Action: No FPN Action:

Confirmation Letter sent to parents (date): _____

Referral to EWS(SU) for PN (date): _____