



WAVERLEY ABBEY C of E JUNIOR SCHOOL



Headteacher: Mrs R Marshall

PUPIL LEAVE OF ABSENCE REQUEST FORM

To be completed by the Parent/Guardian.

Name of child:

Class:

Medical appointments- please provide brief details:

For part day absences is a school meal required: YES/NO

For other absences, first day of absence:

Last day of absence:

Total number of school days to be missed (do not include weekend or school holidays)

Has absence been granted already this academic year: Yes / No

If yes how many days:

Are there any siblings at other local schools for whom absence is also being requested? Yes/No. If yes which school(s)?

Reason for Absence (special/exceptional reason):

Parents Signature:

Date:

To be completed by the Headteacher:

Your child's absence on the above date/s will be classed as:

Authorised

***Unauthorised**

*If this absence request is for 5 days or more or will take the unauthorised leave of absence to more than 5 days during the school year then you will be required to attend a 1-1 meeting with the Head Teacher. Please contact the school office on 01252 782321 to arrange this appointment.

Absence information will be recorded on your child's school record.

Your child's current % attendance record is:

%

days absent from school

This is equal to:

Signed:

Date:

Mrs R Marshall
Headteacher

Please note: Surrey is tightening their attendance procedures on casual absenteeism. Whilst the school may be aware of your child's absence, unauthorised absences may be investigated by the Truancy Office.

1-1 meeting which was held on:

Date: _____ Time: _____

Notes/Actions: