

REQUEST FOR STUDENT LEAVE OF ABSENCE DURING TERM TIME

Academy

Please note that there is no automatic right for students to be granted authorised absences for family holidays. The Ecclesbourne School considers every request for leave in term time carefully and will inform you of our decision in writing. **14 days' notice is required**.

Name of Student:	Form Gro	oup
	Date of B	irth:
Student Address:		of Parent requesting absence (if different):
Leave requested:		
FROM: (day)	(date)	
TO: (day)	(date)	-
Reason for request for leave during term time:		
Name of Parent/Carer:		
Signature:	Date:	
Absences, which have not been agreed, will be marl Authority for consideration of a Penalty Notice or ot		ed absences; these may be referred to the Local
For School Use:		Authorised / UNauthorised*
JPN		* delete as appropriate
Attendance % Previous Leave this Academic Year: Yes/No * Arrange to meet with parent/carer Yes/No * † delete as appropriate		Head of Lower / Upper School / Sixth Form Signature