

ST WILLIAM OF YORK CATHOLIC PRIMARY SCHOOL

LEAVE OF ABSENCE REQUEST FORM

To be completed by Parent/guardian

Child's Name _____ Class _____

Number of School Days requested _____

First day of absence (day) _____ (date) _____

Date Child to return to School (day) _____ (date) _____

Reason – please state _____

Signature of Parent/Guardian _____

Date of Request _____

Absence from school can only be approved in exceptional circumstances. Parents who take their children out of school without approval may receive a fixed penalty notice and a fine from Sefton Council. Please see the School Attendance Policy for more information.

To be completed by Headteacher

Days leave already taken in the academic year _____

Current attendance _____ %

Approved ☐ Not Approved ☐

_____(Headteacher)



Together Everyone Achieves More