**St. Mary's C. of E. Primary School**

**Barn Street, Stoke Newington,**

**LONDON N16 0JT**

**Phone: 020 8800 2645**

**E-mail: admin-office@st-marys.hackney.sch.uk**

 **Headteacher: Jane O’Brien**

 **‘Through God’s love, we strive to be the best we can be.’**

**Leave of Absence Form**

|  |  |
| --- | --- |
| Name of child/children  | Year group: |
|  |  |
| **Leave of Absence requested**  |
| Start date of absence  | Return date to school  |
| Reason for term time absence request.Please provide any evidence that may support your request.  |
|  |
| **Declaration**  |
| I have read and understood the information on leave of absence in term time, unauthorised absences and penalty notices.  |
| Name of parent/Carer  |
| Signed (Parent/Carer)  | Date  |

|  |
| --- |
| **For School Use Only**  |
| Childs attendance % | Child Punctuality % | Any exceptional leave in last 3 years? |
| The school has considered your request for leave of absence and your child’s absences will be recorded as follows:  |
| Authorised  | Unauthorised  | Unauthorised absences to date  |
| Signed:  | Position:  | Date:  |