**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: |