



# WHALEY BRIDGE E.R. PRIMARY SCHOOL

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**Headteacher**

Mrs F Walton B.Ed. (Hons)

## APPLICATION FOR A CHILD/REN'S LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES

PLEASE NOTE – The **Education (Pupil Registration) (England) (Amendment) Regulations 2013** state that Headteacher's should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

Name of Child/ren.....Class.....

Name of parents Mr .....

Mrs/ Ms/Miss .....

Address.....

**I / We wish to apply for our child to be absent from school for EXCEPTIONAL CIRCUMSTANCES.**

Dates: From..... To.....

Total number of days requested .....

*Please supply in as much detail as possible the reason for your request and why you feel it is **exceptional circumstances**. Please include the names of the adult(s) who will be with your child(ren) during their absence from school.*

Signed (both parents if applicable) Date .....

**THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.**

Office Use:

Auth  Unauth – NF  Unauth – F ..... Initials (HT) ..... Date

Txt  On RM  Letter sent home (fine) ..... Office Initials ..... Date

Attendance %