



CHISLEHURST (St Nicholas) CE PRIMARY SCHOOL

Application for Special Leave of Absence from School

Child's Name: _____ Class: _____

I/We apply for special leave of absence for our son/daughter on the following dates:

From: _____ To: _____

OR

On: _____

The reason for this application is:

Signed: _____ Date: _____

Please refer to the School's Attendance Policy - Authorised Absence from school will be granted for certain valid reasons e.g.:

- Illness
 - Urgent doctor's appointments
 - External education related testing e.g. music grade exams, secondary school entrance tests
 - Attending special family events e.g. weddings, funerals.
 - Other special circumstances
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CHISLEHURST CE PRIMARY SCHOOL – Request for special leave of absence granted for:

Child's Name: _____ Class: _____

The request for absence from _____ to: _____ OR on: _____

Signed: _____ (Head Teacher) Date: _____ / _____ / 2018