



SHILBOTTLE PRIMARY

APPLICATION FOR LEAVE OF ABSENCE FOR A CHILD FROM SCHOOL

This form is to be completed by the parent of guardian and forwarded to the Head Teacher **at least two weeks prior to the requested absence**. (Note each child requires a separate form to be completed). Late applications will automatically be deemed as unauthorised.

I, the undersigned, being the parent or guardian of:

Name of Child _____ Year Group _____

Address _____

Request that he/she be granted leave of absence from school:

First day of absence (day and date) _____

Returning to school on (day and date) _____

Total number of full days absent _____

Reason for absence _____

Destination (if reason for absence is holiday) _____

End of self- isolation date (day when child will return to school) _____

The government has set a requirement for people returning from some countries to quarantine for 14 days on their return. The latest guidance on quarantine can be accessed at:

<https://www.gov.uk/government/publications/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk/coronavirus-covid-19-how-to-self-isolate-when-you-travel-to-the-uk>

- ☐ I will follow any government guidance on quarantine regulations which may apply to my family and I will not send my child/children to school until the end of the required quarantine period.

We will be required to send children home if we become aware that these guidelines have not been followed and report this to the relevant authorities.

Should you consider the reason for absence to be due to exceptional circumstances please state your reasons below. *Note absences will only be considered as exceptional if they are supported by documentary evidence. Failure to supply evidence at the time of application will result in the absence being unauthorised.*

Date of request _____ Parent/guardian signature _____

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FOR OFFICE USE ONLY

Date request received _____

Authorised/Unauthorised

Headteacher's Signature _____