

Ss Peter & Paul Catholic Primary School

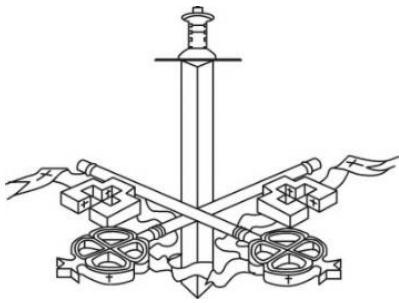
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www.stpeter-stpauls.wirral.sch.uk

Headteacher – Mrs P Graham



APPLICATION FOR LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES

Please fill out top part of the form and your child's details in the bottom part of the form

I, the undersigned, being the Parent/Guardian of:

Name of child: _____ Class _____

Desire that he/she be granted leave of absence due to exceptional circumstances (give dates)

From: _____ To: _____ Number of School Days: _____

Reason for Application: _____

Signed: _____ Parent/Guardian

Date: _____

This form is to be completed by the parent/guardian and forwarded to Ss Peter and Paul Primary School at least two weeks prior to the period for which the leave of absence is desired.

Notes for Parents: *Parents/Guardians **do not** have an automatic right to leave of absence. Leave of absence will only be granted in **exceptional circumstances** at the Headteacher's discretion.*

For office use only

THIS APPLICATION IS / IS NOT AUTHORISED/ IS PARTIALLY AUTHORISED

Headteacher's Signature _____ Date _____

APPLICATION FOR LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES

THIS APPLICATION IS /IS NOT AUTHORISED/IS PARTIALLY AUTHORISED FOR:

Please complete the name/s of your child/ren, class/es and dates.

Child/ren's name/s: _____ Class/es: _____

Dates: _____ Reason for absence: _____

Headteacher's Signature: _____ Date: _____

