APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL

Name of School SANDAL PRIMARY DfE No. 380 2174

Pupils attend school for a maximum of 190 days each academic year. Full attendance is vital for your child's educational progress. Bradford Council expects all parents/guardians to ensure that their children attend school whenever possible. Absences due to holidays or leave of absence taken during term time can seriously impact on a pupil's academic attainment. A period of leave of absence which is not authorised by the school could result in a Fixed Penalty Notice of £60 per parent, per child being issued by Bradford Children's Services and your child losing their place at school.

If you wish to apply for your child to be absent from school, please complete this form and return it to school at least two weeks before the intended departure. Thank you.

First name

PARENTS SECTION

Surname of child

Date of birth											
Surname of parent/guardian			First name of								
Address of child		parent/guardian									
Address of child	u										
Postcode			Telephone number								
Reason for abs	ence										
Length of absence					Destination						
applied for (number of											
school days)											
Date of departu	ıre				Date due back in						
					school						
	ephone co	ntact in the Bradford									
district											
D 01/ 11											
Parent's/guardian's							-	Date			
signature	FOTION	1							_		
SCHOOLS S					_				_		
Date of meeting with			Headte	er's					Date		
parent/s		signature				_					_
Extended leave		Approved for				School days					
		Not appro				S	chool days		_		_
Ethnic origin of child		White		Pa	akistan i			Bangladeshi		Indian	
Chinese		Black-Carib		BI	ack-Af			Black-other		Other	Γ
		bean			rican						
Gender of	Femal		Male				•				
child	е										
Number of prev	ious/										
applications granted											
Please give details											
Diago Dotoin fe	0.1	<u> </u>									

Please Retain for School Records