

UGHTIBRIDGE PRIMARY SCHOOL

APPLICATION FOR ABSENCE FROM SCHOOL

Name of child Class.....
(Please complete one form per child)

Reason for Leave of Absence

Date of Absence: From.....
To.....
(dates are inclusive)

SignedParent/Carer

Date

Please complete and return this form to the School Office at least 10 working days before you intend to absent your child from their education.

FOR OFFICE USE ONLY

Date request received

Attendance percentage (current)

Attendance percentage (last year)

Previous absence in same school year days

Further absence in same school year days

Recommend granted / refused Code

Relevant letter sent to parents (date)

Entered onto attendance Yes / No

Entered onto absence sheet Yes / No

Approved

Class teacher..... Absence Code.....

Child's name.....

Dates No of Days