

Picknalls First School Absence Request Form

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This form will need **to be returned to the school office with at least 2 weeks' notice** for the request to be considered.

Please note that there is no automatic right for pupils to be granted authorised leave of absence. Requests will only be considered where there are exceptional circumstances. (see guidance on school website)

Class/year group:	Name of pupil:						
	Date of birth:						
Contact details	Are you also applying for a sibling(s) absence in any of these schools?						
Email:	(please tick all that apply)						
Telephone number:	 Picknalls First School Bramshall Meadows First School Richard Clarke First School All Saints First School Hutchinson Memorial First School 						
	Windsor Park Middle School						
	Ryecroft Middle School						
	 Oldfields Hall Middle School Thomas Alleyne's High School 						
Please give details below of the exceptional circumstances as to why you are requesting to take your child out of school. You may be invited to school to discuss your request with the school's Attendance Champion. (Please							
attach any supporting evidence – original documents only)							
Leave of absence from (date and time)to (date and time)to							
Number of school days or half days that your child will be absent from school							
Signature:	Date:						
Name of parent/carer (with whom the pupil normally lives) Or a student if in the sixth form							

As a school, we are obliged to inform you that you may be subject to a Penalty Notice if your child's absence from school is unauthorised. This is in line with Staffordshire County Council Code of Conduct and the "Working Together to Improve School Attendance" statutory guidance (effective 19th August 2024)

For School Use Only:

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The date upon receipt by school:			Attendance %:							
Previous requests for leave of absence (in the last			3 years)		'es				No	
Penalty notices issued	None	First	irst			l Thi				
Evidence provided for excepti	onal circumstances Yes			No						
Arrange to meet with the parent/carer		Yes	Yes				No			
Contacted sibling(s) school(s)	for collaboration	Yes	Yes		١o		N/A			
Leave of Absence request outcome		Author	Authorised			Unauthorised				
Signed		Date			•	-				