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St Thomas More Catholic Primary School

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Principal: Mrs Breda Bowles

REQUEST FOR LEAVE OF ABSENCE

To: Headteacher

I hereby request leave of absence be granted to:

Pupils Name

Class:

From: To: (Dates)

Please give a reason for absence during term-time:

.....
.....
.....
.....

Please give details of siblings and schools currently attended by them

.....

Signature of Parent/Guardian..... Date.....

PLEASE NOTE:

Under the Education (Pupil Registration) Regulations 2013, permission will **not** be given for holidays in term time unless there are **exceptional** circumstances agreed to by the Headteacher. This applies to **all** pupils in **all** year groups.

Failure to request leave, or taking your child out of school without permission, will result in your child's absence being recorded as UNAUTHORISED. If these unauthorised absences reach a level which is of concern to us, then we have to consider taking further action.

Please return this form to the Headteacher at least 14 days before the requested absence.

Signature of Headteacher:

Authorised/Unauthorised

