



METROPOLITAN BOROUGH OF WIRRAL EDUCATION COMMITTEE

APPLICATION FOR LEAVE OF ABSENCE OF CHILD FROM SCHOOL

PENSBY PRIMARY SCHOOL

I, the undersigned, being the parent or carer of:

(Name of Child) _____

Address _____

desire that he/she be granted leave of absence from school (give dates)

from / / to / /

The reason for this request is _____

Signature of Parent or Carer

Date

This application is/is not approved

Headteacher: _____ School: _____

This form is to be completed by the Parent or Carer and forwarded to the Headteacher of the schools which the child attends before the period for which leave of absence is desired.

- NOTES FOR PARENTS:
1. The regulations made by the Secretary of State for Education and Employment with reference to schools, provide that if a parent or carer desires the pupil to take an annual holiday, leave of absence for not more than two weeks in any school year may be granted.
 2. Parents/Carers **do not** have an automatic right to leave of absence.
 3. Parents should avoid requesting leave of absence for their child during the period of national examinations (usually May/June – parents should enquire from the school as to exact dates