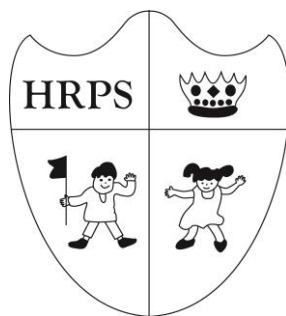


Houghton Regis

Headteacher: Mr J Edwards BA (Hons) QTS
Deputy Head: Mrs R Parmar BA (Hons) PGCE

Telephone: 01582 867487
Fax: 01582 867487

Email: office@houghtonregisprimary.co.uk
Website: www.houghtonregisprimary.co.uk



Primary School

St Michaels Avenue
Houghton Regis
Dunstable
Beds
LU5 5DH

APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME

Before completing this form, please refer to the School and LA Policies on the Holidays in Term-Time. The Policies are available to read in the School Office or can be accessed via the website.

As a Parent/Carer, you should complete this form and return it to your child's school AT LEAST SIX (6) WEEKS before the date when you want the period of absence to start: a separate application must be completed for each child.

Child's Full Name _____ Date of Birth _____

Year Group _____ Class _____

Address _____

Period of Absence: From _____ To _____ (inclusive)

Number of Days Absent _____ Date to Return to School _____

Reason requesting Absence (if the request is for a family holiday, please explain the special circumstances why it MUST be in term time; use a separate sheet if necessary).

Name: _____ Relationship to Child _____

Signed _____ Date _____

Please indicate if your child has siblings in any other local schools: Yes/No

Name of Schools _____

SECTIONS BELOW FOR COMPLETION BY SCHOOL STAFF ONLY

SCHOOL ACTION

Current Attendance _____
(Attendance sheet attached)

Previous holiday checked _____

Head Teacher to authorise _____

Supporting evidence required _____

APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME RETURN SLIP

To: Parent/Carer

Permission has / has not been granted for _____

To be absent from school for _____ days from _____ to _____ (inclusive)

Reason given (if appropriate) _____

Signed _____ Date _____

