

APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL

As a parent or carer, please complete the form below if you wish to take your child out of school during term time.

After completing the form, please return to Reception by hand or email as follows:

Foundation Stage: fsabsence@safacommunityschool.com

Primary: absence@safacommunityschool.com

Secondary: secondaryabsence@safacommunityschool.com

You will receive notification from us regarding approval within 4 working days.

I request that _____ (Name of Child)	
in class _____ be granted leave of absence from Safa Community School	
From: _____	To: _____
<u>Reason for Absence:</u>	

Signature of Parent/Carer: _____	Date: _____

Your request for Leave of Absence has been authorised / unauthorised.

Please note any authorised absence will still be recorded on your child's report as Authorised Absence.

If your request has been unauthorised and you wish to discuss it further, please email primarypa@safacommunityschool.com