



Student Leave of Absence Form During Term Time

Dear Parent/Carer

Please complete this form and return it to the Main Reception at school, alternatively, email to attendance@st-ambrosecollege.org.uk . **Please note that if this request is to attend an event via a third party, then the original organisations paperwork will be required as evidence for your request.** You will be informed of the decision via Parent Mail as soon as possible.

Please note: requests are not automatically granted. Consideration of the request will be made by the Principal, your son's House Leader and House Tutor.

A written request should be made at least 4 weeks prior to any known extended absence.

Students should bring in a copy of the medical appointment card / letter or alternatively send an email to the above email address only.

Replies are not usually sent for medical appointments.

Student's name		
House Group / Form / Year		
Start of absence	Date:	Time:
End of absence	Date:	Time:
Total number of school days absent		
Reason for absence		
Signed (Parent/Carer)		
Date:		

NOTES:

The Governing Body, following the Local Authority's regulations, permits the Principal to authorise up to ten days absence with the following conditions:

- that there is at least 95% attendance in that academic year;***
- that the request is genuinely an exceptional circumstance and one-off request;***
- unauthorised requests for 4 days or more are also subject to a Penalty Notice being issued.***

Holidays in term time disrupt your son's education and reflect on the school's nationally-published results.



We aim to send you confirmation confirming the status of your application within five school working days.

For Office Use Only:

Attendance for current year	%	Authorised	%
Illness	%	Lates	%
Other			

Final Decision by Principal	Authorised:	Unauthorised:
	Date:	Date:

Entered on Register :	
Letter Sent to Parents:	
Date:-	
Any Further Action:-	