

St Joseph's Catholic Primary School

Diocese of Clifton

Inspiring everyone to REACH through Faith, Hope, Love

Front Street, Nympsfield, Stonehouse, Gloucestershire GL10 3TY
Telephone/Fax No: 01453 860311 Email: seniorleadership@st-josephs.gloucs.sch.uk
Website: www.st-josephs-nympsfield.org

Head Teacher: Mrs Wendy D'Arcy

Request for a leave of absence during term time

Pupil Name	Clas	s
Pupil's address		
Date of first day of absence	Date	e of return to school
Number of school days that your child will be absent from scho	o1	
If the pupil fails to return within 10 school days following the anti- circumstances) to delete your child's name from the Admissions Register		
Please detail the exceptional circumstances for which you are re	equesting leave of	fabsence
I understand that if the absence request is not authorised and issue a Fixed Penalty Notice. I understand that a Penalty is of £60 if paid within the first 21 days which increases to £120 result in legal action.	issued to each pa	arent for each child taken out of school and that this is a fine
Name(s) of Parent/Carer(s) making the application:		
Dr/Mrs/Miss/Ms		
Forename	Surname	
Address		
Signed	Dated	
Dr/Mr/Mrs/Miss/Ms		
Forename	Surname	
Address		
Signed	Dated	
(Please ensure you are giving at least 7 days' notic authorised)	e of the prope	osed absence, retrospective applications cannot be

For school to complete and copy retained: AUTHORISED UNAUTHORISED (please circle)

G:Winword/Attendance figures/Appendix 1 form for leave of absence during term time





