

The Orchards School Audley Avenue, Stretford M32 9TG 0161 748 0670 admin@tos.bfet.uk www.theorchards.bfet.uk

REQUEST FOR ABSENCE DURING TERM TIME

Thank you for your request asking for authorisation of absence during term time. Ideally any absence from school should be taken during designated holidays periods, however we do understand that it may be necessary to take your child out of school in exceptional circumstances.

We ask that parents / carers complete this form and return it to the school office, no less that 20 school days (4 weeks) BEFORE commencement of the leave of absence.

Please compl	ete the form b	elow in its ent	tirety and your re	equest will be cons	sidered.			
Name of Child	d:							
Class:								
First date of p	proposed abse	nce:						
·								
Last date of p	roposed abse	nce:	•••••		•••••			
Expected date	e of return to s	chool:						
Reason for pr	oposed abser	ice:						
Total days red	quested on this	s occasion:						
I intend to not	ify my Trafford	d Transport or	n 0161 912 5050): Yes / No (please	e circle as appro	priate)		
Name of Pare	ent / Carer:							
Date:				Contact Number:				
For Office us	se only:							
	_							
Date request received	Current / previous years attendance %	Length of absence requested – does this exceed 10 days?	Has a request already been received this academic year Y/N – how many?	Is the request before / after a school holiday Y/N if Y how long will absence be?	Current unauthorised attendance %	Number of days granted	Decision letter, dated, sent and logged Y/N	