

Dalestorth Primary & Nursery School

Hill Crescent, Sutton in Ashfield, Notts NG17 4JA

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REQUEST FOR WITHDRAWAL FROM LEARNING – TERM TIME ABSENCE

Pupil's name: _____ Class: _____

Home address: _____

I wish to apply for my child to be absent from school during the following dates:

Date of last day at school: _____

Date of return to school: _____

Total number of school days missed: _____

Please explain the exceptional circumstances that make it necessary for your child to be absent in term time:

I make application for my child named above to have authorised absence from school for the reasons stated.

I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice and/or prosecution under 444 of the Education Act 1996.

I understand that holidays will not be authorised.

I have enclosed a copy of a relevant document to support my request, e.g. a special invitation letter. Please tick to show this is attached.

Name of Parent/Carer making application:

Signed: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION FORM TO YOUR CHILD'S SCHOOL GIVING AT LEAST 4 WEEKS' NOTICE OF INTENDED ABSENCE.

For school use:

Date received:

Has been authorised

Has not been authorised

Signed: _____ Senior Leader - Attendance

Date: _____

Reason:

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