BOLNEY C.E. PRIMARY SCHOOL



Request for Withdrawal from Learning

- Permission for leave must be obtained from the Headteacher in advance of any absence (except sickness)
- Please use this form for all requests for withdrawal from learning other than sickness (e.g. music examinations, planned hospital appointments etc.)
- Return the form to school before the date of requested absence

Pupils attend school for 190 days per year leaving 175 days for other activities.

If your child has a one week holiday during term time and 10 days of illness, they would miss 75 hours of education in one academic year. If this pattern was repeated during your child's school life, they would miss almost a year of their education!

Children who go on holiday for a week during term may miss out on more than one week of work. Before they go on holiday, they can be distracted and afterwards they may not be able to access learning, because they have missed out on part of their learning journey.

Please note:

- There is no entitlement to absence from school for the purpose of holidays. Holidays in term time will not be authorised.
- Pupils will not be granted leave of absence for reasons such as day trips, visiting relatives, birthday treats etc.
- If a parent still decides to take their child out of school during term time for the reasons above it is vital that the school is informed so that we know of the child's whereabouts.

Parent / Carer to complete:											
Name of Child:		Class:									
Dates requested	First day of absence: Date of return to		school:	Number of school days absence requested:							
Please indicate and complete the reason for seeking absence during term time:											
☐ Medical appointment which cannot be arranged outside of the school day.											
☐ Religious observance on days officially set apart by the religious body to which the parents belong. Please name the religious occasion:											
☐ Wedding of a close family member. Please state your relationship to the bride/groom:											
☐ Funeral of an immediate relative. Please state their relationship to the child:											
Other reason, please give full details:											
Signed:			Date:								

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School Office to complete:

Current % Attendance:										
Green	96% +	Attendance satisfactory to good								
Amber	85% to 96%	Attendance needs some improvement								
Red	Below 85%	Attendance unsatisfactory – child at risk of becoming a 'persistent absentee'								
Current academic year previous amount of authorised absences:										
Current academic year, previous amount of sickness leave:										
Current academic year, previous amount of medical appointments:										
Number of unauthorised days during current academic year:										
	acher to complete:				haviand					
☐ Your request is approved and the absence as set out above is duly <i>authorised</i> .										
The cod	e placed in the regi	ster will be:	ı			ı				
Medical/Dental Appointment			М	Attending Interview		J				
Approved Sporting Activity			Р	Religious Observance		R				
Educated Off Site			В	Other Authorised Circumstance		С				
☐ Your request is not approved. If your child is absent as proposed above, the absence will be recorded as unauthorised for the following reason:										
Signed:					Date:					

This form will be retained and kept with the pupil's school records and a copy sent to the parent/s.