

Whitemoor Academy, Whitemoor, St. Austell, Cornwall, PL26 7XH

01726 822274 Website: www.whitemoor.org.uk

Head of School – Mrs G Hooper

**REQUESTING A LEAVE OF ABSENCE DURING TERM TIME**

Please note that attendance of less than 100% may result in academic underachievement.

(This part will be completed by the School Administrator)

Your child’s current attendance is ……………%

The last academic year it was ………………..%

**To be completed by the Parent or Guardian and forwarded to the school office.**

**I/we request leave of absence from school for my/our child/children ……………..**

**……………………………………………………………………………………………..**

**In Class: …………………………**

**Dates: From:………………………………… To:…………………………………….**

**Reason for Absence: …………………………………………………………………….**

**……………………………………………………………………………………………….**

**……………………………………………………………………………………………….**

**Signature of Parent or Guardian: ………………………….. Date: ……………………**

Request agreed Request denied. Absence will not be authorised.

Signed by Headteacher: ………………………………… Date: …………………………

A copy of this form will be kept in our School Attendance File for monitoring purposes.

