



St. Joseph's Catholic Primary School

Marlborough Road • Sale • Cheshire • M33 3AF

Tel: 0161-973 4938 • Fax: 0161-973 7028

Email: stjosephs.admin@trafford.gov.uk
www.stjosephstrafford.co.uk

Headteacher: Mrs E Taylor

*“Praying together,
Learning for life,
Caring for all”*

Date received in school

LEAVE OF ABSENCE FORM

HOLIDAY ABSENCE (please tick)

EXCEPTIONAL CIRCUMSTANCE (please tick)

I, the undersigned, being the Parent/Carer of: -

Name of child/children Class

..... Class

..... Class

request that the above child/children be granted leave of absence from school from

...../...../.....

to/...../.....

Please give a FULL EXPLANATION for absence request

.....

.....

.....

Signature of Parent/Carer **Date**

This form is to be completed by the parent or carer of above child/children and forwarded to the Headteacher 28 days before the period of which leave of absence is requested.

Acknowledgement of holiday absence (unauthorised)

Exceptional Circumstance Absence permission granted not granted

Elizabeth Taylor
Headteacher

Signature **Date**