Canon Sharples Church of England Primary School and Nursery
Executive Headteacher: Mrs Jennifer Woodcock
Whelley
Wigan
WN2 1BP
Tel: 01942 776188
email:enquiries@canonsharples.wigan.sch.uk
website: www.canonsharples.wigan.sch.uk

Trust God, Love Always, Aim High

LEAVE OF ABSENCE REQUEST FORM

A request for absence **MUST** be made at least a minimum of six weeks before leave.

PUPIL DETAILS

Name: _____

Class/Teacher: _____

DATES AND REASON FOR REQUESTED ABSENCE

From (first date of absence):_____

To (last date of absence):_____

Total number of school days: _____

Reason for absence: _____

_____

_____

I understand that keeping my child/children off school for any longer than agreed or if my request is not granted, will result in the absence being recorded as Unauthorised. This may result in action being taken against me for Non School Attendance.

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Parent/Carer name: _____ **Date of request**: _____

Signature: _____

Agreement_____

_____

Signed (Head of School) _____ **Date**_____☐

Office use only

Seen by: _____ % Attendance: TY: _____LY:_____

TY No of days to date: _____ Total No TY: _____

Agreement: Yes/No Date letter sent: _____type_____ Entered on register_____