



St Stephen and All Martyrs' CE Primary School  
Radcliffe Road  
Bolton BL2 1NZ  
Headteacher: Mr M A Cummins  
Deputy Head: Mrs R Galloway  
Telephone: 01204 333155  
Fax: 01204 333156  
Email: [office@ssam.bolton.sch.uk](mailto:office@ssam.bolton.sch.uk)  
School Website: [www.ssam.bolton.sch.uk](http://www.ssam.bolton.sch.uk)

### LEAVE OF ABSENCE REQUEST FORM

**A request for any leave of absence MUST BE AUTHORISED BEFORE booking the trip.**

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Teacher: \_\_\_\_\_ Year Group: \_\_\_\_\_

First date of requested absence: \_\_\_\_\_  
Return to school date: \_\_\_\_\_  
Reason for Absence: (please give details of the **'exceptional circumstances'** that warrant permission being granted):

**I understand that keeping my child 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 by the Local Authority for Non-School Attendance.**

Name of Parent/Carer: \_\_\_\_\_  
Signature of Parent/Carer: \_\_\_\_\_  
Date of Request: \_\_\_\_\_

**The Education (Pupil Registration) (England) (Amendment) Regulations 2013 came into force on 1<sup>st</sup> September 2013 whereby Headteachers MAY NOT GRANT ANY LEAVE OF ABSENCE DURING TERM TIME, unless there are exceptional circumstances.**

The Headteacher will consider the following points before authorising any leave of absence:

- The reason for the absence
- The pupil's previous attendance history
- The age of the pupil
- The child's state of education
- The time of year (SATS/Exams)

FOR OFFICE USE:

Leave of absence granted: YES NO

Signature of Headteacher \_\_\_\_\_ Date: \_\_\_\_\_



*'A School where every child can achieve success'*