Midland Road, Worcester, WR5 1DS
e: enquiries@newbridgeschool.org
www.newbridgeschool.org
t: 01905 763580

Request for leave during term time

Name of person completing form: _____

Date completed: _____

To the Headteacher of Newbridge School

I request your consideration to grant a leave of absence from school during term time for:

My child _____ (full name)

For the period of _____ to _____

Number of days _____

The exceptional circumstances/reason for this request are:

Signature of Parent/Carer _____

Please return completed form/s to the school office. The school will write to you and inform you of the decision on whether the request is authorised or not.

For office use only (please also attach attendance certificates)

Current attendance: _____%

Lat year's attendance: _____%

Number of school sessions taken as leave during term time this academic year: _____

This leave request has been **AGREED / NOT AGREED**

Signed: _____ Dated: _____

Notification of decision: _____

Date letter sent to parent: _____

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