This form must be given to the students Tutor **at least four weeks** before the requested absence

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| **Madeley M WITH WORDSMadeley Academy**  **Application for Student Leave of Absence** | |
| Student Name: Tutor Group: | |
| Parent/Carer’s Name & Address | |
| The Academy **DOES NOT** authorise holidays in term time.  Maintaining high levels of attendance is crucial for students to achieve the grades that they are capable of and we would request that you avoid taking leave during term time wherever possible in order to secure your place at Madeley Academy.  Attendance records are also requested by employers of Higher Education Colleges hence the importance of promoting full attendance. | |
| Having read the above I wish to apply for leave of absence for my child. This is for:  A Sporting Event 🗆 A Religious Observance 🗆 An Educational Visit 🗆  Other 🗆 please provide details:  ......................................................................................................................................................................  ...................................................................................................................................................................... | |
| Date of absence is from ..................................................... to ...............................................................  Number of school days .........................................................  Parent/Carer’s Signature(s) ..................................................... ............................................................  In the event that we need to discuss this with you, please give numbers where we may telephone you  Home ..................................................................... Work ................................................................. | |
| THIS SECTION TO BE COMPLETED BY THE ATTENDANCE TEAM | |
| Date received from parent/carer’s .............................................. Current Attendance ..........................  Comment from Deputy Headteacher: | |
| Application approved 🗆 Application not approved 🗆  Reply sent on...................................................................................  Signature Deputy Head Student Services ............................................... | EWO:  Siblings:  School:  Action: |