

Kirton Road, Trimley St Martin, Felixstowe, Suffolk IP11 0QL

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FELIXSTOWE SCHOOLS NOTIFICATION OF ABSENCE

Please complete and return no less than 3 weeks before absence is due to start. Information regarding your application

Please Note: In line with government legislation, any holiday requests received will not be authorised.						
All Felixstowe Primary Headteacher are in agreement.						
Pupil's Name				Class		
I request that you consider allowing my child(ren) to be absent from school for the following dates:						
From:		To:		Total Number of		
	_			Days Absent:		
Exceptional reason for requesting leave during term time (continue on reserve if necessary):						
Parent/Carers Signature:				Date:		
Relationship to child(ren):				Contact No:		
Relationship to	o crina (ren)	COIITACT NO				
In the situation where the child is not living with both parents/carers. Both parents will be notified of the						
outcome.						
For Office Use Only:						
Number of 'Authorised Absence' this						
academic year						
Number of 'Unauthorised Absence' this						
academic year Authorised / Authorised				Yes / No (delete as appropriate)		
Headteacher Signature:				res / ivo (delete as	appropriate)	
reducedency s	agnature.					
Date:						
Date Letter Se	nt to Parent/Car	er of Outcome:				