



ST RAPHAEL'S CATHOLIC PRIMARY SCHOOL

Huddersfield Road, Millbrook
Stalybridge, SK15 3JL

Tel: 0161 338 4095
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Headteacher: Mrs L. Lakner
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LEAVE OF ABSENCE IN TERM TIME REQUEST

PARENTS SECTION			
Child Surname:		Child Forename:	
Child DOB:		Year:	
Address of Child:			
Postcode:		Tel Number:	
Parent/Carer Full Name:	1	2	
Parent/Carer DOB:	1	2	
Reason for Request (you may provide, if necessary, other documentation e.g letters from employer etc).			
Last day in school:		Return to school date:	
Would your child miss any national tests?		Yes/No	
Is his/her attendance above 95%?		Yes/No	
Has he/she had any other leave during term time? (if so, please provide dates and reasons)		Yes/No	
Parent's Signature:		Date:	

SCHOOL SECTION		
Absence in term time is:	APPROVED	NOT APPROVED
Penalty Notice applied for:	YES	NO
Total number of days absence:	DAYS	
Reason for Decision		
Parent informed of decision:	Response Letter Posted/Emailed	Date:
Head Teacher's Signature	Date	

"May God's love shine in our lives as we care and share and learn together."