Peel Clothworkers' Primary School **Derby Road** Peel Isle of Man IM5 1HP





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Headteacher: Mrs A Jackson BA(Hons)QTS Deputy Headteacher: Mrs T Quayle BA(Hons) & PGCE QTS



Isle of Man Department of Education, Sport and Culture

LEAVE OF ABSENCE REQUEST FORM

The Headteacher is only able to sanction leave of absence for up to 10 days in any one academic year (except in very exceptional circumstances). After this period of time any further absence will be recorded as unauthorised.

Please complete the request form below and return it to the school office in advance of the date of any planned absence. Name of Pupil (s)______Class_____ I request that my child (children) be granted leave of absence for _____school days: From:______(lst day of absence) To:______(last day of absence) Parent/Guardian Name______Signature_____ **LEAVE OF ABSENCE CONFIRMATION** Your request for leave of absence for ______days - from:_____ for ______ has been approved as follows: Number of days authorised _____ Number of days unauthorised______ (this is due to 10 days already being taken) (Headteacher)

Children may be allowed up to ten school days authorised absence in any one school year. Any further leave of absence above this number will be recorded as unauthorised absence (unless in very exceptional circumstances) in accordance with the Department of Education, Sports and Culture policy.