LONDON BOROUGH OF WALTHAM FOREST CHAPEL END INFANT SCHOOL LEAVE OF ABSENCE REQUEST FORM 2013/2014

Name of child:	••••••
Child's Class:	
Address:	
Period of Absence	requested:
From:	То:
Returning to scho	ol on:
Reason for Absen	ce:
return on the date Welfare Officer w their school place.	uld the above leave be granted by the school my child will stated. I understand that if this is not the case the Education ill be informed, a fine may be issued and/or my child may lose
Signed: Date:	
☐ I confirm t	he above leave of absence has been agreed by the school.
will be una	request has been refused by the school. If the leave is taken it uthorised and a referral will be made to the Education Welfare I may result in a fine.
Signed:	Headteacher
Date:	