

## **Kidmore End CE Primary School**



Chalkhouse Green Road, Kidmore End, Reading, RG4 9AU Executive Headteacher: Ms M Parsons

Tel: (0118) 3573149

Email: office@kidmore-end.co.uk

## REQUEST FOR LEAVE FORM (one form per child)

I/We request permission	for my child to be abs	sent from school.			
Name of Child:					
Class:					
Dates of Absence	From :		To:		
Reasons for Absence:					
(0)				1.11/	
(Parents should make au travel arrangements.)	n appointment with the	e Headteacher to se	eek permission for a	child's absence	e, prior to making
traver arrangements.					
Parent's Name:					
Signature of Parent:					
Date requested:					
For office use only					
☐ Authorised					
☐ Unauthorised					
Comments:					
Headteacher's signature	e:				
Date:					
Seen by Headteacher:					
Refer to EWO:					
(Education Welfare Office					
Periods of extended leave	ve in the past 4 years:				
		<u> </u>			
hild's Attendance Record Year:	1:				
i cui.					
Attendance:					