**St. ANTHONY’S CATHOLIC**

**PRIMARY SCHOOL & NURSERY**

In the Diocese of Northampton

Head Teacher: Mrs S Oppé, LLB, MA

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Learning, Growing

And Living with Jesus

“The glory of God is

a human being fully alive”

**REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME**

I hereby request that leave of absence be granted to:

**Child’s Name:** ……………………………………………………. **Class:** ……………….…………...

**Child’s Name:** ……………………………………………………. **Class:** …………….……………...

***FROM:*** …………………….….……… ***TO:*** (date returning to school): ………………………..….

Total number of school days requested: …………………………… days

Reason: ……………………………………………………………………………….…………………..

……………………………………………………………………………………………..………………..

***(Leave of absence is only granted in exceptional circumstances)***

Signed………………………………………………………… (Parent/Carer)

Date: ……………………………..……

**A COPY OF THIS FORM WILL BE RETURNED TO YOU AFTER IT HAS BEEN SUBMITTED TO THE HEAD TEACHER FOR CONSIDERATION**

**For School Use Only**

Number of “Leave of Absence” days taken in this school year: …………………………………………

**Authorised / Unauthorised**: ……………………………………….... Date: ……………….

**Mrs S Oppé – Head Teacher**

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