**JAMES PEACOCK INFANT & NURSERY SCHOOL**

**Request for Withdrawal from Learning**

Before completing this form, please refer to the James Peacock Attendance and Lateness Policy which is available at: <http://www.jamespeacock.org.uk/policies/>

Should you wish to proceed with the request to withdraw your child from learning, please provide the following information:

Pupil’s Name: …………………………………………………………… Class: ……………………………

I would like to withdraw my child from learning on the following dates:

First day of absence: ………………………………………………… Date of return to school: ……………………………………….

Total number of days learning will be missed: …………….

Please explain the reasons why it is necessary for your child to miss the learning provided by the school on these days:

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

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

**Please note:**

* the school cannot authorise any time off school unless it is for a one off / exceptional reason. Should you choose to

take your child away from school in term time it will not be authorised unless it meets the exceptions criteria.

* Children with poor school attendance are monitored closely. Persistent lateness or absence from school will result in parents/carers being required to attend an attendance meeting with the head teacher.
* Parents of children who miss 3 full days or 6 half days in a 6 week rolling period may be issued with a Fixed Penalty Notice from the local authority.

I make this application for my child named above to have absence from school for the reasons stated. I confirm that I have

read the Attendance and Lateness Policy and I understand the content.

Name of Parent/Carer making application: ………………………………………………………………..………………

Signed: ………………………………………………………………………….. Date: …………………………………….

**Please return to the school office giving as much notice as possible - thank you**

You will be informed in writing by the Head Teacher with confirmation of whether your request will be authorised or unauthorised.