



# ST JOSEPH'S CATHOLIC PRIMARY SCHOOL EXTENDED LEAVE REQUEST FORM

Date Request Made: .....

Parental Contact Number: .....

<b>Child/ren Name</b>	<b>Class</b>
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First day of absence (School day)	Last day of Absence (School Day)
Dates of Holiday Included	Date Child Return to School
Length of absence applied for (no of School days)	Reason for Request

**Pre meeting Tasks:**

Attendance in previous academic years (provide printouts)

Nursery..... Rec..... Year 1 ..... Year 2..... Year 3 ..... Year 4 ..... Year 5 ..... Year 6 .....

**Previous extended Absences:**

Year group	No of School Days Missed	Returned on time?	Reason for visit

**Dates and times available for meetings with parents:**

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**Notes from teachers about child**

**Meeting with parents:  
Notes**

**Recommendation made to parents (e.g. authorised/unauthorised, alternative suggestions, who to contact in school following discussion at home)**

**Post meeting Information  
Response from parents following recommendation**

<b>New first date of absence (School day)</b>	<b>New last date of absence (School Day)</b>	<b>Dates of Holiday Included</b>	<b>New Date child should return to school</b>
<b>New length of absence applied for No of school days</b>		<b>Date to remove child from register</b>	