

Head Teacher Janette Allen Kegworth Road Gotham Nottinghamshire NG11 OJS Telephone 0115 9149751

Email: office@gotham.notts.sch.uk

Date

Dear

LEAVE OF ABSENCE – AUTHORISED

Child X - dob xx/xx/xxxx

I note your application to take out of education from to for a total of days to take leave of absence for the reason of

I have considered your application and do feel it meets the exceptional circumstances criteria and therefore your request has been **granted**.

For the purpose of recording and in line with the Local Education Authority attendance monitoring your child be marked on the register as having an authorised leave of absence for a total of

<u>Please note</u> all applications for leave of absence are considered on an individual basis. Each application will be considered in line with our Policy including a review of any previous absences.

Yours sincerely

Janetle allen

Janette Allen

Head Teacher