



St James' Church of England Academy  
 Pokesdown Hill, Christchurch Road  
 BOURNEMOUTH  
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 Email office@stjames.academy

**EDUCATION (PUPIL REGISTRATION) REGULATIONS 1995 REGULATION 8  
 REQUEST FOR LEAVE OF ABSENCE FROM SCHOOL**

I request leave of absence for the child(ren) named below from St. James' CE Primary Academy during the period given below:-

Name(s) of child or children

..... Class .....

..... Class .....

..... Class .....

Absence from ..... until .....

Returning to school on .....

Parents will understand the importance of regular education and it is hoped that requests for absence for holidays will only be made when there is no alternative; therefore some explanatory reasons for the absence should be given below.

.....  
 .....  
 .....  
 .....

Signed ..... Date .....

**Office use only:**

**Your recent request has been APPROVED/NOT APPROVED for these dates.**

**Signed ..... Date .....**