



# St Martin's School

**Ysgol Martin Sant**

Hillside, Caerphilly CF83 1UW

Tel. Ffôn: 029 20 858050

Fax. Ffacs: 029 20 858051

E-mail E-bost: [reception@stmartins.caerphilly.sch.uk](mailto:reception@stmartins.caerphilly.sch.uk)

Website Safle wê: [stmartins.caerphilly.sch.uk](http://stmartins.caerphilly.sch.uk)

Headteacher Prifathro: Mr. L. Jarvis

Dear Parent / Carer

## Re: Term Time Absence Request

As you will be aware, the school attaches great importance to maintaining high levels of attendance and regards **95% as an acceptable level**. As a school we are committed to raising attainment and our professional advice is that pupils should not be taken out of school at any time during the school year.

Whilst we discourage term time absences, we do appreciate that on occasion, they cannot be avoided and we are here to support pupils and parents/carers, ensuring the best possible outcome for everyone involved.

**For any term time absence, St. Martin's requires parents/carers to fill in and return a Term Time Absence Request Form (proof may also be required).**

Each request is dealt with on a case-by-case basis and if we have any reason to believe that the absence will affect the pupil's attendance and/or attainment and wellbeing, this will be discussed and further action may be taken.

**School work will be provided for your child to complete and return during their absence where the request is in excess of 1 school day. Acknowledgement and acceptance of this arrangement will ensure their attendance is less affected.**

Should you wish to apply for a term time absence for your child/children please complete the Term Time Absence Request Form (attached) and return it to the Attendance and Wellbeing Team or to Reception, in person or by email: [reception@stmartins.caerphilly.sch.uk](mailto:reception@stmartins.caerphilly.sch.uk).

We aim to respond within 14 days of receipt.

Please remember that it is better for everyone involved if we know where a child is, regardless of the reason for their absence. Failure to provide the school with a reason may result in your child's absence being automatically unauthorised and further investigation will take place. Please always remember to tell us where your child is if they are not in school.

Your support and co-operation in this matter is much appreciated

Yours faithfully

Mr L Jarvis  
Headteacher

**Learning Together, Achieving Forever**    **Dysgu ynghyd, cyflawni o hyd**





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## Term Time Absence Request Form

**\*\*\*Please complete one form for each child\*\*\***

Please use to request, in advance, child's absence during the school term for holiday, medical appointments (known in advance) and long-term illness (proof/advice may be required)

Please return to St Martin's Reception or the Attendance and Wellbeing Team in person, or by email:

[reception@stmartins.caerphilly.sch.uk](mailto:reception@stmartins.caerphilly.sch.uk)

Name of pupil: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

First day of absence (DD/MM/YY): \_\_\_\_\_ Last day of absence (DD/MM/YY): \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Would you prefer to be contacted via phone or email? \_\_\_\_\_

Reason for absence request (please give as much detail as possible - continue on another sheet if necessary)

For **MEDICAL APPOINTMENTS** - Proof of appointment will be required

Proof returned with Absence Request? \_\_\_\_\_

For **LONG TERM ILLNESS** - Medical advice from child's physician will be required

Medical advice returned with Absence Request? \_\_\_\_\_

**I understand that my child will be provided with, and expected to return, school work for the duration of their absence where it is longer than 1 school day.**

Print name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR SCHOOL USE ONLY** Current attendance YTD (%): \_\_\_\_\_ Authorised:  Not Authorised:

HOL: \_\_\_\_\_ Any concerns: \_\_\_\_\_

Reason given if not authorised: \_\_\_\_\_

Signed (HOL): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (AWBC): \_\_\_\_\_ Date: \_\_\_\_\_

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