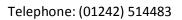


## **Charlton Kings Kindergarten**

Lyefield Road East, Charlton Kings, Cheltenham, GL53 8AY





email: <a href="mailto:secretary@ckis.org.uk">secretary@ckis.org.uk</a> <a href="mailto:Kindergarten@ckis.org.uk">Kindergarten@ckis.org.uk</a>

## NOTIFICATION OF LEAVE OF ABSENCE DURING TERM TIME

Child's name						
Child's address	;					
Data of Co. 1	- <b>C</b>		Т	Data of the		
Date of first day of		Date of return to				
absence		Kindergarten			en	
Number of days that your child will be absent from Kindergarten						
Please give details for your child's absence from Kindergarten:						
Name(s) of Parent	/Carers					
making the notific						
Title		Forename			Surname	
Address						
Signed				Dat	te	
Name(s) of Parent	/Carers					
making the notification						
Title		Forename			Surname	
Address						
Signed				Date		
Diago mata di s	4 wo and a	non ottod	ao ca ==	have a :	a at a v =====	r child's funding

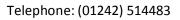
Please note that regular non-attendance can have an impact on your child's funding.

Gloucestershire County Council are required to be informed of any regular patterns of non-attendance and funding may be reviewed for the following funded period.



## **Charlton Kings Kindergarten**

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email: secretary@ckis.org.uk Kindergarten@ckis.org.uk

## NOTIFICATION OF LEAVE OF ABSENCE DURING TERM TIME KINDERGARTEN REPSONSE

This response must be sent to each parent/ carer and a copy retained by Kindergarten.

Dear

Child's name

Thank you for your notification of your child's planned absence from
\_\_\_\_/ \_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_\_ (totalling \_\_\_\_ days).

Your child's attendance is currently \_\_\_\_\_\_%

Please note that absence can have an impact on your child's funding.

Signed: \_\_\_\_\_\_ (Kindergarten Lead Practitioner)

Print Name: \_\_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_