



ABSENCE REQUEST FORM

Please return this form to the Headteacher via the School Office. Only **exceptional** circumstances will be approved.

Full Name of Child(ren):		Class(es) / Form:	
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Date(s) of Requested Absence:		No. of Days:	
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Reason for request (please explain in detail the exceptional circumstances – you may prefer to attach a covering letter):

Signature of Parent/Carer: Date:

For continuity of requests, please give details of any other siblings attending other schools within the cluster:

Child's Name:	School:

Office use only

ABSENCES TO DATE:	Days
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Medical/Illness:		Unauthorised Absence:	
Holiday:		Other Authorised Absence:	
Total of Days:		% of Attendance:	

Request authorised: **Yes** **No (Letter attached)**

Headteacher's Signature Date

Copy to Parent(s) Copy to Teacher Recorded on MIS Original to File