ABSENCE REQUEST FORM

Please return this form to the School office, only exceptional circumstances will be approved

| Primary (please tick) |  | Secondary (please tick) |  |
| --- | --- | --- | --- |

| Full name of child(ren): |  | Form / Class |  |
| --- | --- | --- | --- |

| Date(s) of requested absence |  | Total number of days |  |
| --- | --- | --- | --- |

| Reason for request (please explain, in detail the exceptional circumstances - you may prefer to attach a covering letter) |
| --- |
|  |

Signature of parent / carer……………………………………………………………………………………………………….

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**Office use only**

| Attendance to date: |  | Notes: |
| --- | --- | --- |

Request authorised: Yes No (letter attached)

Senior Leader signature……………………………………………………………………………………………………………..