



**School Name : South Cave CE Primary School**

**Student Details**

Name  
Date of birth  
Form

Address

Contact Numbers

Sibling Details of Compulsory School Age (or other children living in the household)

Name  
Date of birth  
School

Name  
Date of birth  
School

I request permission for my child to be absent from school: -

First Day of Absence	Date of Return	Total School Days
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**Please detail below the reason for you request for absence from school in term time and include any supporting information. The Headteacher will not be able to consider your request without your supporting documents. *Please read carefully the Absence From School for Exceptional Circumstances Information for Parents which is attached.***

**Declaration**

*I have read the Absence From School For Exceptional Circumstances Information for Parents and understand I/we will receive a penalty notice if my/our child receives unauthorised school absence as a result of this request. **Please note the school day is divided into 2 registration periods, for example if your child is absent for one day this equals 2 sessions and a five day absence equals 10 sessions.***

Signed:  
(Parent/Carer)

Date:

**For School Use Only**

The school has considered your request for leave of absence and your child's absences will be recorded as follows: -

Number of  
Authorised  
Sessions

Number of  
Unauthorised  
Sessions

Number of  
Unauthorised  
sessions to  
date:

Signed:

Position:

Date:

***Original signed and completed forms to be retained with pupil's records.***

***Copy should be returned to the parent/carer of the pupil to confirm authorised or unauthorised absence prior to the intended absence period.***