



ABSENCE REQUEST FORM

I wish to apply to have an absence authorised, for:

Child's name Year

Child's name Year

Child's name Year

Date from date to(inclusive)

Name of Parent(s)/Carer(s):

Address:

Please fully explain the exceptional circumstances that you would like the school to consider. This section must be completed.

Signature of Parent(s)/Carer(s)

Office use only			<input type="checkbox"/> Absence authorised Code ____ <input type="checkbox"/> Absence unauthorised
Date form received	No of school days absence requested	% Attendance	
			Signed _____ Headteacher

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This portion to be returned to parents/carers

Pupil(s) name(s).....

Year.....

Absence authorised fromto (Inclusive)

Absence unauthorised current attendance % as of/...../20.....

Signed(HeadTeacher)

Date.....