





School Name -		
	Student Detai	ils
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	Date of	Total
Absence	Return	School Days
consider your request wi Letter Exceptional Circu convenience.	thout your supporting o	e Headteacher <u>will not</u> be able to documents. <i>Please read carefully the for Parents which I attach for your</i>
I have read the Letter Exceptional Circumstances Information for Parents and understand I/we may 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 Number of Authorised Unauthorised Unauthorised Sessions Sessions Sessions 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 <u>prior to the intended absence period</u>.