**School Name -**

# 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

Name Date

of birth

School School

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

First Day of Absence

Date of Return

Total School Days

**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* Letter *Exceptional Circumstances Information for Parents which I attach for your convenience.***

# Declaration

*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:

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

Signed: Position:

Date:

Number of Unauthorised sessions to date:

Number of Unauthorised Sessions

Number of Authorised Sessions

**For School Use Only**

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

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