

## **Requested Absence from School Form**

In the event of a planned absence this request form should be completed by the parent/carer and returned to school for consideration by the Headteacher.

Child(ren)'s Name(s)	DOB		Class
Name of parent(s)/carer(s) responsib	ole for absence	Telep	phone Number
I request permission for my child(ren) to be absent from school between:			
Date of first day of absence			
Date of return to school			
Total days absent			
I would like the school to take into consideration the following exceptional circumstances:  (Please provide any supporting evidence at the time of request)			
I have read the school's Attendance Poli action if my/our child receives unauthor			
	ised scrioot absence as a	Tesutt	or this request.
Signature of parent/carer:	Date:		
For School Use Only (completed form to be scanned to pupil profile on MIS)			
Days Authorised:			
Days Unauthorised:			
Signed (Headteacher)			
Date:			
Date Reply sent to Parent/Carer			