Alder Community High School
Mottram Old Road | Gee Cross | Hyde | Cheshire | SK14 5NJ
T: 0161 368 5132 E: admin@alderchs.uk
Headteacher: Mrs M Critchlow BA (Hons) NPQH

ABSENCE REQUEST FORM

For requests for leave of absence during term time

Student's full name: _____	**Current attendance %:**_____
Date of birth: ____ / ____ / _____	**Form group:** _____

PARENT/CARER DETAILS	
Parent/carer's name(s): _____	
Telephone number: _____	**Email address:** _____

REQUESTED ABSENCE	
First day of absence: ____ / ____ / _____	**Last day of absence:** ____ / ____ / _____
Expected return date: ____ / ____ / _____	**Number of school days:** _____
Reason for absence request: _____ _____ _____ _____ _____ _____	

Supporting evidence
Please attach any relevant evidence that supports this request, where available.
Evidence attached: ☐ **Yes** ☐ **No** ☐ **Not applicable**

PARENT/CARER DECLARATION
I confirm that the information given on this form is accurate. I understand that submitting this request does not mean that the absence will be authorised. **Parent/carer signature:** _____ **Date:** ____ / ____ / _____

FOR SCHOOL USE ONLY	
☐ **AUTHORISED**	☐ **UNAUTHORISED**
Headteacher's signature: _____	**Date:** ____ / ____ / _____