

## **Absence from School for Exceptional Circumstances Request Form**

Student/Pupil Details					
Name		Date	Class or		
Name		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 between: -					
First Day of Absence Date of Re		eturn	Total of Absent School Days		
and include any supporting your request without your Information and guidance a	ı informatio ur <u>suppor</u>	n. The Headte	absence from school in term time eacher will not be able to consider ents. Please read carefully the ance leaflet which is attached.		
Declaration:  I have read the Information and guidance about your child's attendance 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:		
Full Name:					

For School Use Only The school has considered you be recorded as follows: -	ur request for leave of absence	and your child's absences will
Number of Authorised Sessions:	Number of Unauthorised Sessions:	Number of Unauthorised sessions to date:
Signed: Position:		Date:

We advise that you do not plan for your child to be absent from school without gaining prior agreement from their school first. Headteachers cannot retrospectively authorise absence from school under any circumstance.

Any disagreement between estranged parents should be resolved prior to submitting this request to your child's school.

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>.