THE KINGSWAY SCHOOL OFFICIAL FORM TO REQUEST ABSENCE IN TERM TIME

Section A (must be completed fully by family)

Name of Student:		
Year:		
Form:		
Parent/Carer Signature:	Date:	
Dates of Absence Requested From: To:		
I confirm that I have read the guidance on such requests available from www.	.kingsway.stockport	t.sch.uk or via
0161 428 7706		YES/NO
I am aware that good attendance (95% or higher) is the key factor in success at school		YES/NO
I note that most requests are unlikely to be approved if attendance is already below 90%		YES/NO
I know that my son/daughter has missed number of days at school in the (contact school if not known)	last 12 months (ins	ert number)
I am aware that only exceptional or special circumstances can lead to authoris	sed absence	YES/NO
I am aware that the price of a holiday will not constitute special or exceptional circumstances		YES/NO
I have not made a similar request previously and I do not plan to make a simil	ar request in the fu	ture YES/NO
If you have a child(ren) in other schools and are making a similar request, plea and school below.		of child(ren)

The special and/or exceptional circumstances involved in this request are: (please use overleaf if necessary)

The request appears to fit the special/exceptional circumstances guidelines and is approved on this occasion only. Similar requests in the future are unlikely to be approved, especially if there is risk of attendance falling below the national average (93%) ABSENCE APPROVED

The request does not seem to fit the guidelines for special/exceptional circumstances and is not approved. If taken, the absence will be unauthorised and may put the attendance of the pupil under scrutiny by the school and local authority if overall attendance falls below the national average (93%) ABSENCE NOT APPROVED

Signed (on behalf of the school) Date
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