



ABSENCE REQUEST FORM

Form to be returned to the school office with a minimum of two weeks notice

Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are very exceptional circumstances.

Name of Pupil	DOB Class
Please detail below the exceptional circumstance why you are requesting to take your child out of school. You may be invited into school to discuss your request. (please attach your supporting evidence)	
.....	
.....	
Child's address.....	
Leave of absence from date:to date	
Number of schools days that your child will be absent from school	
Name of Parent/Carer requesting leave of absence:	
Signature:.....	Date:.....
Are there any issues regarding parents who no longer reside together connected with this request? Yes <input type="checkbox"/> No <input type="checkbox"/> Parents are reminded that if a child's parents no longer reside together, both parents are still entitled to receive information about their child unless there is a legal order preventing this and under such circumstances a copy of the decision will be sent to both the child's parents at their respective residences.	

Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to the Education Welfare Officer for consideration which could result in a Penalty Notice. This will depend upon an individuals circumstances.

For School Use Only:

Previous requests for leave of absence	Yes / No	Attendance %
Evidence provided for exceptional circumstance	Yes / No	
Arrange to meet with Parent/Carer	Yes / No	Date & time

Authorised

Unauthorised

Signed: _____ **Mr Jackson, Headteacher** Dated: _____