REQUEST FOR EXCEPTIONAL ABSENCE FROM SCHOOL DURING TERM TIME

Pupil's Name …… Tutor Group/Class ……

Home Address …….

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I wish to apply for my child to be absent from school during the following dates:

Date of Last day at School …….. Date of Return to School ……..

Total number of school days missed …….

Reasons for absence from school:

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……..

……..

I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance.

Name of Parent/Carer making application ……..

Signed ……

Date ……

PLEASE RETURN COMPLETED APPLICATION FORM TO YOUR CHILD'S SCHOOL GIVING AT LEAST 2 WEEKS' NOTICE OF INTENDED ABSENCE

Outcome……