



**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. Students will be authorised 10 days for exceptional absence per academic year. 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**

Granted Not granted and reason why

Your child has.....days of authorised exceptional absences remaining for this academic year.

Signed:(Headteacher/Deputy Headteacher)