

School Absence Request Form

Form to be returned to school with a minimum of 2 weeks' notice

Please note that requests for authorised absence will only be granted in exceptional circumstances. All other absences will be marked as unauthorised

Name	
Date of birth	
Class	
Contact telephone number:	

**I request permission for my child to be absent from school between: -**

Date of first day of absence:	Date of return to school:	Total days absence:
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Please detail below the reason for your request for absence from school in term time and include any supporting information:

Signed:

Date:

**For School Use Only**

The school has considered your request for leave of absence and your child's absences will be recorded as follows: -

Authorised/Unauthorised

Signed:	
Position:	
Date:	