

Absence Request Form

By signing this request I have read and understood the information provided, noting that this absence may impact on my child’s achievement. I request that you authorise a Leave of Absence from School for my child.

**Children with low attendance have reduced life opportunities and are less likely to attain at school.**

|  |  |  |  |
| --- | --- | --- | --- |
| Pupil Name |  | Class |  |
| Current Address |  |
| Name of adults with parental responsibility supervising pupil |  |

Please use another sheet if you have more than one child in School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates (inclusive) | From |  | To |  |

|  |
| --- |
| Reason for the Leave of Absence Request, including where the child is going and full details of any exceptional circumstances. For safeguarding purposes you may be required to attend a meeting. |
|  |

Signature of parent/Carer: …..………………………………….. Date: ………………….

**School Use Only**

|  |  |
| --- | --- |
| Date Received |  |
| Number of days authorised absence so far this year |  |
| Number of days unauthorised absence so far this year |  |
| Number of late marks |  |

**Principal/Headteacher**

|  |  |  |
| --- | --- | --- |
| Absence Authorised | Yes | No |
| Signed/Dated |  |
| Principal/Headteacher comments: |