



**ABSENCE REQUEST –  
PARENT/GUARDIAN TO COMPLETE**

**PLEASE NOTE: It is likely that this request will be denied; only under exceptional circumstances will it be considered after a meeting with the Head-teacher**

Name of child(ren) \_\_\_\_\_ Class \_\_\_\_\_

First day of absence \_\_\_\_\_ Last day \_\_\_\_\_ No. of school days \_\_\_\_\_

Exceptional reason in line with Local Authority Policy and Anti-Social Behaviour Act:

---

---

---

---

Proof of requirement \_\_\_\_\_

(e.g. Letter from employer, other professionals e.g. social services, doctors))

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return the form to the school office with proof of requirement**

**% Attendance to date**

**Number of half days**

**ADMIN CHECK:**

Attendance Record

Number of days previously requested \_\_\_\_\_

**ADMIN CHECK:**

Significant events \_\_\_\_\_

Class trips \_\_\_\_\_