





Absence from School for Exceptional Circumstances Request Form

School Name				
Student/Pupil Details				
Name	Date of birth	Class or Form		
Address				
Contact Numbers				
Sibling Details of Compulsory School Age (or other children living in the household)				
Name	Date of birth	School		
Name	Date of birth	School		
I request permission for my child to be absent from school between: -				
First Day of Absence from School	Date of Return to School	Total of Absent School Days		
your request without your si from School for Exception attached.	upporting documents. Ple	cher <u>will not</u> be able to consider ease read carefully the Absence mation for Parents which is		
Declaration: I have read the Absence from School for Exceptional Circumstances Information for Parents and understand I/we may receive a penalty notice if my/our child receives unauthorised school absence as a result of this request. Please note the school day is divided into 2 registration periods, for example if your child is absent for one day this equals 2 sessions and a five day absence equals 10 sessions.				
Signed: (Parent/Carer) Full Name:		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: -			
Number of Authorised Sessions:	Number of Unauthorised Sessions:	Number of Unauthorised sessions to date:	
Signed:		Date:	
Position:			

We advise that you do not plan for your child to be absent from school without gaining prior agreement from their school first. Headteachers cannot retrospectively authorise absence from school under any circumstance.

Any disagreement between estranged parents should be resolved prior to submitting this request to your child's school.

Original signed and completed forms to be retained with pupil's records.

Copy should be returned to the parent/carer of the pupil to confirm authorised or unauthorised absence prior to the intended absence period.