

FORM TO BE RETURNED TO SCHOOL PRIOR TO ABSENCE



Absence Authorisation Request

Please note that there is no automatic right for pupils to be granted authorised absences and requests will only be considered where there are exceptional circumstances.

Name of Pupil: _____	Date of Birth: _____ Class: _____
Reason for term time absence request (please detail the exceptional reasons why are you requesting to take your child out of school)	
Absence requested from date: _____ to date: _____	
Number of school days that your child will be absent from school: _____	
Do you have a sibling request in another school? If so, please state which school:	
Name of Parent /Carer: _____	
Signature: _____	Date: _____

Absence requests which have not been agreed will be marked as unauthorised absences; these may be referred to the Local Authority for consideration of a Penalty Notice or other action.

For School Use: UPN _____ Attendance % _____

Previous Authorised Request Leave this Academic Year: Yes/No

No. of days: _____

Arrange to meet with parent/carers: Yes/No

