



Absence Request form

To be returned to the Headteacher

Pupils Name:			
Date of Birth:			
Class:			
Full Address:			
Parent Contact Number:	Home: Mobile:		
Number of days requested: Do not include Sat/Sun	Days in Total:	First to Last Day:	
Reason for request:			
Has your child had any other request for absence in the current academic year?	Yes/No	If yes please give details:	
Has your child previously had absence granted inside school time?			

Signed: Parent/Guardian

Office Use Only
Permission Granted – Authorised/Unauthorised
Reason Declining:
Comment:
Signed: Lucy Ottaway Head Teacher Date: