



Request for Absence from School

Name of Pupil _____	Class _____
Dates of Absence requested _____ to _____	
Total number of school days missed _____	
Total number of school days holiday (and dates) requested in the past _____	Date: _____ No of Days : _____

**Please complete the section below as fully as possible: (continue overleaf if necessary).
The reason the request for this leave of absence is unavoidable is:**

Signed: _____ Date : _____

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Reply to Parents
Child's Name _____
Please note that your request for absence is acknowledged / approved / not approved* and _____ days authorised / unauthorised* absence will be recorded on file.
Please contact me if you require further information.
Signed _____ Print Name _____
(a copy of this sheet to be returned to the parents via pupil post and copy to be put in class register)
* Delete as required