



ABSENCE REQUEST FORM

Name of child/children:

Year Group:..... School:

FROM

TO

TOTAL DAYS REQUESTED

Reason for absence:

Family Holiday

Appointment – Doctor/Dentist

Other (Please specify)

Parents Signature: Date:

For School Use Only

Timetable checked?

Class Teacher consulted?

Previous Holiday checked?

Attendance %?

Interview offered to Parents/Carers? Yes/No

Authorised? Yes/No

Headteacher's Signature:..... Date:

Child's Name:

Dates: Authorised:

Comments:

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