

Absence from School for Exceptional Circumstances Request Form

School Name:								
Student/Pupil Details								
Name:		Date of birth: C		Class/	lass/Form:			
Address:								
Contact Numbers:								
Sibling Details of	Compulsory Sch	nool Age		er childr	en livin	g in the household	d)	
Name:			Date of birth:		Sc	School:		
Name:			Date of birth:		Sc	School:		
I request permiss	ion for my child	to be ab:	sent from	n schoo	ol betwe	en: -		
Date of First Day School Absence:		Date of to Scho				Total of Absent School Days:		
Please detail below supporting information for Par	ation. The Headto ents. Please read rents attached.	eacher <u>v</u>	vill not	be able	to cons	sider your request	t without your	
¹ Parent's 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)					Date	e:		
Full Name:								

Please note:

- 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.

Parent: In this Act, unless the context otherwise requires, "parent", in relation to a child or young person, includes any person—
(a) who is not a parent of his but who has parental responsibility for him, or (b) who has care of him. (Education Act 1996 sec.576)



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:								
Position:	Date:							

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 <u>prior to the intended absence period</u>.