



For office use only:	
School Nurses	
ARG	
Email	
HGM	

APPLICATION FOR AUTHORISED ABSENCE FROM SCHOOL

Please complete and return this form to the School Office.

I wish to take my child out of school fromto.....

Number of school days absent:

They will return to school on:

Please give a full explanation for this request :

.....

Child's name:

Class:

Parent's name:

Signature: Date:

Email address for response to request

For school use:

Number of days requested / authorised during the previous 12 months. This includes the number requested on this form:

Attendance record over the previous 12 months from date request submitted:

AUTHORISED / UNAUTHORISED

Reason for unauthorised:

.....

Headmaster's signature:Date: