|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name:** | | | | | | | | | | |
| **Student/Pupil Details** | | | | | | | | | | |
| Name: | | | | Date of birth: | | Class/Form: | | | | |
| Address: | |  | | | | | | | | |
| Contact Numbers: | |  | | | | | | | | |
| **Sibling Details of Compulsory School Age (or other children living in the household)** | | | | | | | | | | |
| Name: | | | | Date  of birth: | | | | School: | | |
| Name: | | | | Date  of birth: | | | | School: | | |
| **I request permission for my child to be absent from school between**: - | | | | | | | | | | |
| Date of First Day School Absence: |  | | Date of Return to School: | |  | | | | Total of Absent School Days: |  |
| Please detail below the reason for your request for absence from school in term time and include any supporting information. The Headteacher will not be able to consider your request without your supporting documents. *Please read carefully the* *Absence from School for Exceptional Circumstances Information for Parents attached.* | | | | | | | | | | |
|  | | | | | | | | | | |
| **[[1]](#footnote-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)  Full Name: | | | | | | | Date: | | | |

**Absence from School for Exceptional Circumstances Request Form**

**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.**

#### 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 prior to the intended absence period.***

1. Parent: In this Act, unless the context otherwise requires, “parent”, in relation to a child or young person, includes any person—

   1. 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)*

   [↑](#footnote-ref-1)