



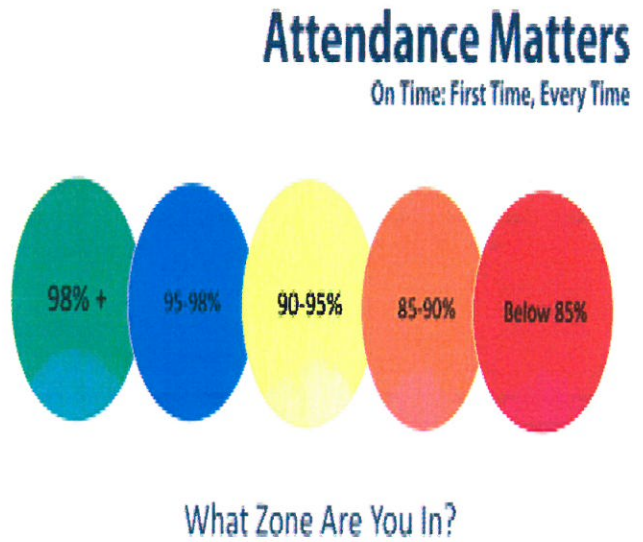
This form is to be completed for short leave absence

Child's name: _____ Class: _____

Reason for request: *Religious Day _____ *Doctors /*Hospital Appointment _____
*Other _____ please specify _____
Absence dates: (from) _____ to _____
Date my child will return to school: _____ Total of school days requested : _____
If the absence is due to medical / passport renewal – evidence must be provided or the absence will be unauthorised.

Office Use Only

Previous absences: YES /NO
Dates & reasons:
Year 2 / Year 6:
% attendance Last academic year Present
Leave
Authorised _____
NOT authorised _____



Signed: _____ Date: _____
Headteacher