



**ST ALPHEGE CE INFANT AND NURSERY SCHOOL  
and ST ALPHEGE CE JUNIOR SCHOOL**

**ABSENCE REQUEST FORM**

Form to be returned to the school office with a minimum of two weeks' notice

**Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances**

Name of Pupil .....	Class .....
Date of birth .....	
<p>Please detail below the <b>exceptional circumstance</b> why you are requesting to take your child out of school. You may be invited into school to discuss your request with the Executive Headteacher (please attach your supporting evidence)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
Address.....	
Leave of absence from date:..... to date ..... Number of schools days that your child will be absent from school .....	
Signature .....	Date .....
Name of Parent/Carer .....	

**Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to the Education Welfare Officer for consideration which could result in a Penalty Notice.**

**For School Use:**

Previous requests for leave of absence                      Yes / No                      Attendance ..... %

Evidence provided for exceptional circumstance                      Yes / No

Arrange to meet with Parent/Carer                      Yes / No                      Date & time .....

**Authorised**                                            **Unauthorised**                                            **By Headteacher**