Absence Request Form

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| --- | --- |
| Child’s Name |  |
| Class |  |
| Date of Absence |  |
| Date of Return to School |  |

Reason for Absence

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| --- | --- |
| Name of Parent/Carer |  |
| Signature |  |
| Contact Number |  |
| Date |  |

For Office Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Attendance % |  | Previous Authorised Absence |  | Total Number of Days Requested |  |
| Authorised by Head of School |  | Not Authorised - Head of School to Sign |  |
| Referral to MKCAuthorised by HOS Y/N |  | FPN Issued Y/N |  | Exceptional Circumstances Y/N |  |