**ABSENCE REQUEST FORM**

**RELIGIOUS HOLIDAYS / MEDICAL APPOINTMENT / HOLIDAY / OTHER**

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| **Extended Absence During Term Time or Absence Request for Medical Appointment** |
| **CHILD’S NAME (Please use one form per child)** |
| **FIRST NAME** | **SURNAME** | **CLASS** |
|  |  |  |
|  |
| **PARENT/CARERS DETAILS** |
| **MOBILE PHONE NUMBER** |  |
| **HOME PHONE NUMBER** |  |
|  |
| **INFORMATION RELATING TO ABSENCE**  |
| **REASON FOR ABSENCE:** |
| **DATE OF ABSENCE \_\_\_/\_\_\_/2024** |
| **ABSENT FULL DAY** (Please tick) |  | **ABSENT MORNING**(Please tick) |  | **ABSENT AFTERNOON**(Please tick) |  |
|  |
| **MEDICAL ABSENCE**  |
| **DATE OF ABSENCE \_\_\_/\_\_\_/2024** |
| **ABSENT FULL DAY** (Please tick) |  | **ABSENT MORNING**(Please tick) |  | **ABSENT AFTERNOON**(Please tick) |  |
|  |
| **RELIGIOUS HOLIDAYS / HOLIDAY ABSENCE** |
| **FIRST DATE OF ABSENCE** | **\_\_\_/\_\_\_/\_\_\_\_** | **DATE OF RETURN TO SCHOOL** | **\_\_\_/\_\_\_/\_\_\_\_** |
| **TOTAL NUMBER OF SCHOOL DAYS APPLIED FOR ABSENCE**  |  |
|  |
| **SIGNATURE OF PARENT/CARER** |
| **NAME OF PARENT/CARER (PLEASE PRINT)** |
| **DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_** |
| **AUTHORISED BY: DATE:** |
| **UNAUTHORISED: DATE:** |

PLEASE NOTE THAT PARENTS/CARERS MUST ARRANGE TO MEET WITH THE PRINCIPAL/VICE PRINCIPAL IF REQUESTING MORE THAN FIVE DAYS ABSENCE IN ANY SCHOOL YEAR.