**ABSENCE REQUEST FORM**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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.