

HAWES DOWN PRIMARY SCHOOL

Request for Authorised Absence

NAME OF PUPIL:

CLASS:

I would like to request consideration for authorised leave of absence for my child. I understand that absence from school is only approved in exceptional circumstances.

Reason for absence:

Dates of requested absence:

From: To:

Number of days:

Signed:

Relationship to Child:

Date

For Office use only: Attendance %

Approved Yes/NoHeadteacher

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