

PUPIL ABSENCE REQUEST FORM



This is a request for leave of absence during term time to be granted for my child/children.

Please note: All absences must be authorised in advance by the Headteacher

Dates of absence: From.....To:.....

Number of school days that will be missed:.....(do not included weekends or school holidays)

Reason for absence request:.....

Parent's address:.....Tel:.....

Name(s) of parent/guardian:.....Signed:.....Date:.....

TO BE COMPLETED BY PARENT/GUARDIAN			TO BE COMPLETED BY ARCHBISHOP RUNCIE CE FIRST SCHOOL		
Please list names of all children who require permission for this absence			Permission granted?	Authorised by:	
Name of Child (please print)	Class/Year Group	Your child's attendance to date is	Yes/No	Name (Please print)	Signed & Dated

PARENTS/GUARDIANS PLEASE NOTE: Absence taken in term time without prior permission from school may result in legal sanctions, for irregular attendance, being taken against you. Leave will only be granted in exceptional circumstances according to the Attendance and Registration Policy.



Red – Danger Zone - 92% or below

Amber – At Risk Zone – 93%-96%

Green – Safety Zone – 97% - 100%