

Parents to Complete		
Name of child:		DoB:
Name of teacher:		
Class / KG:		
Date request handed in:		
Period of absence requested (incl. date(s):		
Date of child's expected return to school:		
Reason for absence:		
Written request from parent(s) attached?		
Parent signature:	Print name:	

DSL to complete		
Date this request was authorised or denied:		
Attendance to date:		
I authorise the full period of absence requested:		
I authorise part of the period of absence requested -	From:	To:
I do not authorise any of the period of absence requested.		
The reason(s) for my decision are:		
<p>I have discussed and agreed this decision with the Class teacher, to ensure consistency and fairness, in accordance with the School's Absence Request Policy. If your child is absent without authorisation outside of School holidays and any dates authorised above, this will be clearly marked in the class register. We are required to report recurring unauthorised absences to our Trustees and to the Educational Welfare Service. Please ensure you inform the school immediately if there are any delays in your child's return to school.</p>		
DSL's signature:		
Teacher's signature:	Print name:	