



## ABSENCE REQUEST FORM

**Please return this form to the school office with a minimum of two weeks notice**

**Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances. A separate form must be completed for each child.**

Name of Pupil.....	Class .....
Date of Birth.....	Address.....
<p>Please detail below why you are requesting to take your child out of school. You may be invited into school to discuss your request. (please attach your supporting evidence)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>Leave of absence <b>inclusive</b> dates: From..... to .....</p> <p>Number of schools days that your child will be absent from school .....</p>	
Signature .....	Date of request .....
Name of Parent/Carer .....	

**Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to Solihull MBC for issuing a Penalty Notice.**

**For School Use:**

Previous requests for leave of absence - Yes / No

Arrange to meet with Parent/Carer – Yes/No

Evidence provided for exceptional circumstance – Yes / No

Current Attendance ..... %

Date Requested Received in School ..... Received by .....

<b>Authorised</b>		<b>Signed:</b>	<b>(Headteacher)</b>
<b>Unauthorised</b>			