

**ABSENCE DUE TO EXCEPTIONAL CIRCUMSTANCES**



I/we request that (name) \_\_\_\_\_ in Tutor Group \_\_\_\_\_ should be granted an authorised absence from (start date) \_\_\_\_\_ to (end date) \_\_\_\_\_ this is a total of \_\_\_\_\_ School days.

The reason for the absence:

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I understand that this will result in work being missed and may affect the learning and achievement of my child.

I confirm that I have read the School's Attendance and Inclusion Policy and it is not possible to avoid this absence by using School holidays / evenings or weekends.

I understand that this absence cannot be authorised unless deemed to be an exceptional event.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please leave completed forms at Reception.

For office use only:

Current attendance	%	Number of unauthorised absences	
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