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:

_____

_____

_____

_____

_____

_____

_____

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

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	