



ABSENCE REQUEST FORM

SEATON ST. PAUL'S C OF E JUNIOR SCHOOL

APPLICATION FOR ABSENCE DUE TO EXCEPTIONAL CIRCUMSTANCES

Name of pupil.....

Class.....

Date/Dates of absence.....

Date your child will return to school.....

Please detail below the reason for this request:

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Please explain why this cannot be taken during school holidays:

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For office use only

Pupil's current attendance %
Number of holiday requests this academic year.....

Holiday: Authorised / Unauthorised

Signed:..... Date.....

Parents notified – Date.....