



# ABSENCE REQUEST FORM

## SEATON ST. PAUL'S C OF E JUNIOR SCHOOL APPLICATION FOR ABSENCE DUE TO EXCEPTIONAL CIRCUMSTANCES

Name of pupil.....

Class.....

First day of absence.....

Last day of absence.....

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

Name of Parent.....

Relationship to child.....

Parent's signature.....

Date of application.....

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 year:

Holiday: Authorised/Unauthorised

Signed..... Date.....

Date parents notified.....