

ABSENCE REQUEST FORM

Form to be returned to the school office with a minimum of two weeks notice

Please note that there is no automatic right for pupils to be granted leave of absence and requests will only be considered where there are exceptional circumstances.

Name of Pupil	Class
Date of Birth	
<p>Please detail below the exceptional circumstances why you are requesting to take your child out of school. You may be invited into school to discuss your request with a member of the schools Senior Leadership Team. (Please attach any supporting evidence)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
Address	
<p>Please enter below the dates of the requested absence.</p> <p>(first date of absence)/...../..... (last date of absence)/...../.....</p> <p>Number of school days that your child will be absent from school</p>	
Signature	Date
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:

Date received?	Attendance %
Previous requests for leave of absence Yes / No	
Evidence provided for exceptional circumstance Yes/No	Head teacher decision to authorise Y/N Code
Arrange to meet with Parent/Carer Yes / No	Date & time Address/Contacts /dates checked?