

SOMERSET COUNTY COUNCIL EDUCATION COMMITTEE

AUTHORISED ABSENCE REQUEST (less than 5 days)

We request that this form is returned to school at least two weeks before the date of absence

Name of Pupil.....

Academic Mentor Group.

Current Attendance Level.....%

I hereby make application for my son/daughter.....to be absent from school from.....to.....(date inclusive) to (please tick)

Attend family funeral

Attend Medical Appointment

Other (please state reason)
.....
.....

Signed..... Parent/ Guardian

Print Name

Date.....

If the school refuses and the child is still taken out of school, this will be recorded as an unauthorised absence and noted on your child's attendance record. This may be used in any legal action taken for poor attendance.

Please tick the appropriate box and provide details as appropriate:

Have not made any previous request(s) for leave in the current school year.

Have made previous request(s) for leave in the current school year

Details of previous request made:

ABSENCE REQUEST REPLY SLIP: TO BE ISSUED TO PUPIL TO TAKE HOME

Name of ChildAcademic Mentor Group

I am informing you that your request for your child to be absent from school from to has / has not been agreed.

The reason(s) for not agreeing to the absence:

Unfortunately it does not meet the exceptional circumstances criteria

Attendance falls below 85%

Other