DAMSON WOOD INFANT SCHOOL
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 authorised leave of absence and requests will only be considered where there are exceptional circumstances.

Name of Pupil ..... Date of birth	Class .....

Please detail below the **exceptional circumstance** why you are requesting to take your child out of school. You may be invited into school to discuss your request with the Head Teacher.
(please attach your supporting evidence)

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Address.....

Leave of absence from date:..... to date .....

Number of schools days that your child will be absent from school .....

Signature ..... Name of Parent/Carer	Date .....

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:

Previous requests for leave of absence ..... % Yes / No Attendance

Evidence provided for exceptional circumstance Yes / No

Arrange to meet with Parent/Carer Yes / No Date & time

Authorised ☐ **Unauthorised** ☐ **By Headteacher**