St Lewis' RC Primary School

REQUEST BY PARENT/CARER FOR A PLANNED PUPIL ABSENCE

Today's date _____

Child's Name _____ Teacher's Name _____

First day of absence _____

Last day of absence _____

Total school days to be absent _____

Reason for planned absence (please tick)

Religious Observance		Medical Appointment		Dental Appointment	
Approved Sporting Activity		Holiday		Other Authorised Circumstances	

Further details: Please give further details of your request for absence – failure to do so will compromise your request. If this is a request for holiday absence and the reason given is that holiday patterns are determined by parent/carer's employer, please provide written confirmation from the employer of holiday patterns and an employer contact name and number for verification purposes. Should this request for absence also affect siblings/relatives in another school, please give details below of the pupil's name, class, year group and name of school.

Signed _____ Parent/Carer

FOR SCHOOL USE ONLY

Current Attendance _____%

Absence authorised/unauthorised Headteacher _____ Date _____

Code given _____ Entered on Sims _____(Initials)