

REQUEST FOR PARTIAL ABSENCE

This form is for absences of less than 1 day

Please fully complete form and return to the office I would like to take:

	Name	Class Number
1.		
2.		
3.		

Out of school on : _____ at _____
(Date) (Time)

Returning to school on : _____ at _____
(Date) (Time)

Approximate number of school hours my child/children will be absent: _____ **hrs**

Please state in full the reason for this absence:

Note: Holidays will not be authorised

Children should not take time off during term time unless it is an emergency.

Routine dental and medical appointments should, where possible, be made for outside of school hours although we understand that this is not always possible.

Persistent requests for partial absence could result in a Fixed Penalty Notice being issued

Signed: _____ (Parent/Carer) Print: _____ Date: _____

OFFICE USE ONLY

I acknowledge the above request for partial absence on the date(s) specified. The absence will be recorded as follows:

Hours authorised Hours unauthorised

Notes :			
Attendance Officer:		Date:	
Headteacher:		Date:	