	Request for Absence during the School Term							
PRIVARY SCHOOL	Name of Child:						Class:	
	Contact Tel No:						Date:	
	I request permission for the above named child to be kept off school for the following reason: Exceptional circumstances Compassionate return to UK Medical POTL Other (please specify):							
I understand that absence during ticked above. (Additional paperwo the school office for the additional there is no obligation on behalf of	ork needs to be con forms at least 5 wo	npleted orking o	d by your ເ days in adv	ınit for an	y excepti	onal circum	stances	s. Please contact
Post Operative Tour Leave (POTL of an authorisation form from you	•		-			-	Headte	eacher on receipt
The absence requested is from		to			which	is a total of		school days.
I understand that this application r days will prompt a telephone call f						-		_
Parent's Signature:		Pri	nt Name:					
	••••		•••••	• • • • • • • • • • • • • • • • • • • •	•••••		•••••	
Dear Mr & Mrs						,	Date:	
							Date:	
Thank you for your application to is classified as follows:	keep your child off	schoo	I during te	rm time. I	can con	firm that yo	ur requ	ested absence
Previous Recorded Absences:								
A total of Authorised absen	ces this year	A tot	al of	Sick/Me	dical abs	ences this y	ear	
A total of Unauthorised abs	ences this year	A tot	al of	Post Op	erative a	bsences this	s year	
Authorised days.	Unauthorise	d	days for	r the follo	owing re	ason:		
	Application exceeds maximum days permitted Application received after event							
	Application doe	s not q	ualify for au	uthorised a	absence	○ See att	ached s	sheet
A total of absences have now been recorded								

Headteacher/Deputy Headteacher

O Parent

O Pupil's record

○ MSA file

O Class teacher

School Use only:

Signed: