



BLOSSOMFIELD  
Infant School

**ABSENCE REQUEST FORM**

Form to be returned to the school office no more than 1 month but at least 2 weeks prior to the start of the proposed period of absence

**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 .....	Class .....
Date of birth .....	
Please detail below the <b>exceptional circumstance</b> 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 .....	Date .....
Name of Parent/Carer .....	

**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**