



## 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) ..... ..... .....	
Address.....	
Leave of absence from date..... to date .....	
Number of schools days that your child will be absent from school .....	
Name of Parent/Carer (please print): .....	Date .....
Signature .....	
Email address: .....	

**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