

STATHAM COMMUNITY PRIMARY SCHOOL

REQUEST BY PARENT / CARER FOR A PLANNED PUPIL ABSENCE

Date of request: \_\_\_\_\_

Child's name: \_\_\_\_\_ Teacher's name: \_\_\_\_\_

First date of absence: \_\_\_\_\_ Last date of absence: \_\_\_\_\_

Total school days planned to be absent: \_\_\_\_\_

Current Attendance _____% FOR SCHOOL USE ONLY
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Reason for planned absence (please tick)

Religious Observance <b>R/O</b>	Medical /Hospital Appointment <b>M/O</b>	Dental Appointment <b>M/O</b>
Approved sporting activity <b>P/O</b>	Holiday <b>F/H/G</b>	Other authorised circumstances <b>C/O</b>

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 employer of holiday pattern and an employer contact name and telephone 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 / Guardian

School policies pertinent to this request can be found at [www.stathamprimary.co.uk](http://www.stathamprimary.co.uk)

Absence authorised / unauthorised Code given: \_\_\_\_\_

Head teacher: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Parent/Carer

CC: School File