REQUEST FOR ABSENCE DURING TERM TIME
(Exceptional / Emergency Circumstances)

In cases of medical/dental appointments, there is no need to complete this form please send an email to attendance@christletonhigh.co.uk

Student (name)……Year……..Form ……..

Student (name)……Year……..Form ……..

Student (name)……Year……..Form ……..

Parent/Guardian –
Please note that unapproved absence, for any reason, will be recorded as 'unauthorised'.
No commitments to third parties should be given until approval has been given in writing, by the school.

Reason for requesting leave of absence during term time (please tick as applicable)

☐ **Family Reason** (e.g. wedding; funeral; exceptional circumstances)
☐ **Child's Development** (e.g. sporting event; educational visit; work experience placement, theatre production)
☐ **Other**

Please give details:

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Dates of absence: From …… until ……..

Number of school days which will be missed ☐ (do not include weekends or school holidays)

Have you requested absence in term time during the last two school years? Yes / No
If YES, how many school days have been missed? ☐

Please delete as applicable

Name of parent/guardian……

Signed …….. Date ……

Contact number ……

Please submit this form to the Attendance Officer, Student Reception or email it to: attendance@christletonhigh.co.uk

For office use only:

2015/16 % Attendance	2016/17 % Attendance	Reply 1	Signed Year Head	Date	Reply 2	Signed Deputy Headteacher	Date