**ABSENCE REQUEST FORM**

**To be completed for absences 2 days and over.**

**For any absences below 2 days, please email attendance@sns.hackney.sch.uk**

I wish to apply to have an ‘avoidable’ absence authorised, for:

Child’s name …………………………………………………. Tutor Group…….

Child’s name …………………………………………………. Tutor Group …….

Child’s name …………………………………………………. Tutor Group …….

First Date of Absence …………………………… Last Date of Absence………………………………

**Please fully explain the exceptional circumstances that you would like the school to consider. This section must be** **completed. Please continue on a separate sheet if needed.**

Name of Parent(s)/Carer(s):………………………………………………………………...

Signature of Parent(s)/Carer(s)

…………………………………………….. Date ………..………....

**Please provide us with any flight tickets or additional proof for leave.**

**We will aim to respond within 3 working days.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office use only** | | | 🞏Absence authorised  🞏Absence unauthorised  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mark Bynoe  Deputy Headteacher |
| Date form received | No of school days absence requested | Current % Attendance |
|  |  |  |