



ABSENCE REQUEST FORM

To be completed for absences more than 1 day.
For any absences 1 day or less, 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			<input type="checkbox"/> Absence authorised Code ____
Date form received	No of school days absence requested	Current % Attendance	<input type="checkbox"/> Absence unauthorised
			Signed _____ Mark Bynoe Deputy Head Teacher