

Request for authorised MEDICAL/ Other absences

Please provide a minimum of 1 week's notice, where possible.

Pupil's name.....

Date of absence..... Time of appointment:.....

Place of appointment:

Time you will collect your child Anticipated time of return to school.....

Reason absence required during the school day

.....

Signed

For school use only:

Attach an 'Attendance Summary' report (selecting the first and last dates of the academic year) for each child.

Absence percentage during current academic year% for *Child's name*

Absence percentage during current academic year% for *Child's name*

Absence percentage during current academic year% for *Child's name*

School target and national average is 96%

Persistent absence is 90% or less

Medical/Other request authorised..... Register code

Medical/Other request un-authorized Register code

Signed..... Date.....

Head teacher

Comments.....

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