



## ABSENCE REQUEST FORM

Form to be returned to the school office with a **minimum** of two weeks notice

**Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances.**

Name of Pupil		Tutor	
Date of birth		House	
Please detail below the <b>exceptional circumstance</b> that leads you to make this request (please attach your supporting evidence)			
<b>Address</b>			
<b>Leave of absence</b>	Date from	Date to	
<b>Number of school days that your child will be absent from school</b>			
Name of Parent/Carer			
Signature			Date

**Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to Solihull MBC for issuing a Penalty Notice.**

---

**For School Use:**

Previous requests for leave of absence                      Yes / No                      Attendance ..... %

Evidence provided for exceptional circumstance                      Yes / No

**Authorised**                       **Unauthorised**                       **By Principal**