

## 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 students to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances.**

|                                                                                                                                                                                                                                                                                                     |  |             |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|---------|
| Name of student                                                                                                                                                                                                                                                                                     |  | Tutor Group |         |
| Date of birth                                                                                                                                                                                                                                                                                       |  | House       |         |
| <p>Please detail below the <b>exceptional circumstance</b> as to why you are requesting to take your child out of school. You may be invited into school to discuss your request with your child's Pastoral Manager or a member of the Leadership Team (please attach your supporting evidence)</p> |  |             |         |
| <p><b>Address</b></p>                                                                                                                                                                                                                                                                               |  |             |         |
| <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

Arrange to meet with Parent/Carer                      Yes/No                      Date & Time .....

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