

QUEEN'S COLLEGE, TAUNTON

AUTHORISED ABSENCE REQUEST

We request that this form is returned to school at least two weeks before the date of absence

NAME OF PUPIL:

HOUSE:

I hereby make application for my son/daughter, named above, to be absent from school from to (dates inclusive)

Please state reason and attach any appropriate evidence of exceptional circumstances to support this request:

Signed: Parent/Guardian Date:

If the school refuses and the child is still taken out of school, this will be recorded as an unauthorised absence and noted on your child's attendance record. This may be used in any legal action for poor attendance (tbc).

Please tick the applicable box and provide details as appropriate:

Have not made any previous request(s) for leave in the current school year

Have made previous request(s) for leave in the current school year

Details of previous request made:

ABSENCE REQUEST REPLY SLIP

NAME OF CHILD: HOUSE:

I AM INFORMING YOU THAT YOUR REQUEST FOR YOUR CHILD TO BE ABSENT FROM SCHOOL FROM TO HAS / HAS NOT BEEN AGREED.

The reason(s) for not agreeing to the absence:

Dr Lorraine Earps
Headteacher