Glyne Gap School
Application for absence from school

Child's Name: ……

Child's Class Teacher: ……

First Date of Absence: ……

Last date of absence: ……

Date returning back to school: ……

Total number of days absent from school: ……

Reason for Absence: Community Event (Including community learning or visit): ☐ Holiday: ☐ Medical Appointment: ☐ Respite: ☐

Other, please specify: ……

Name of Parent/Guardian: ……

Signature of Parent/Guardian: ……

Date Application was submitted: ……

To be completed by office staff

Date of application received: ……

No of previous absence requests this school year (In days): ……

Child's current attendance (Year) as %: ……

The above absence request will be recorded as Authorised: ☐

The above absence request will be recorded as Unauthorised for the following reason:

Previous requests agreed in school year: ☐ Pupils attendance is low and further absence not agreed: ☐ Other: ☐

Please Note: Further holiday requests submitted this academic year are unlikely to be authorised.

Signed: …… Date: ……

Headteacher: Kirsty Prawanna

Register Code: …… (Office to complete)