



### Request for Pupil Absence Authorisation Form

Name of Child	
Class	
Reason for Request	Brief Details
Medical (Dentist/Hospital etc)	
Religious Observance	
Examinations	
Visiting new school	
Approved sporting activity	
**Compassionate	
Holiday	
Other	
First date of absence	
Expected date of return	
Your Name	
Your email address	
Contact Telephone Number	
Date of application	

<b>Authorisation</b>	
Absence Authorised?	Yes/No
Date	
Signature	

\*\* You may wish to have a brief discussion with the Headteacher if more appropriate.