

Absence Request Form

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| Name of Child |
| Class |
| Absences dates from……………………………….to…………………………………………. |
| Please indicate thy this absence could not take place during the course of the normal school holiday pattern: |
| Signed date of request:  |

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| Your application for authorised absence from ………………………..to………………………...Has been denied / accepted |
| Signed |
| If you wish to appeal this decision then please contact the Chair of Governors by email at meydman@ashbyce.leics.sch.uk or telephone the school office and request a call back. |