

## Request to authorise absence from School due to exceptional circumstances

As a School we have obligations to fulfil under the Education Act of 1996. Parent(s)/carer(s) are responsible for making sure that their children of compulsory school age receive a suitable full-time education under section 7 of the Education Act. We are only able to authorise absence from School in exceptional circumstances. In making a request for an authorised absence from School you will need to explain why the circumstances are exceptional. **Please note:** There is no general right to authorise absence for a family holiday, and the School will only authorise holidays in term time in very rare circumstances. These will normally be considered as unauthorised absences.

Parents who consider that their particular circumstances are genuinely exceptional should complete the form below.

**You are advised not to make any arrangements until your request has been considered.**

**Section A – to the Education Coordinator of Early Years, Lower School, Upper School, I wish to apply for:**

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_ to be authorised as absent from School (please include dates and time):

from \_\_\_\_\_ to \_\_\_\_\_ (inclusive dates)

Number of school days to be missed \_\_\_\_\_

If your child has siblings who you are also requesting for please enter their name/s below:

Child's name(s): \_\_\_\_\_ Class(es): \_\_\_\_\_

**Section B** Please explain why you are applying for an authorised absence and the circumstances which make your **application exceptional**; and therefore cannot be taken within the normal 16 weeks annual holiday your child has from School. If you are requesting authorisation to attend a specific event please confirm the date of the event. If you require additional space please continue on the other side of the page.

**Section C** I am the parent/carer with whom the pupil normally resides. The information I have given on this form is correct.

Signature (parent/carer): \_\_\_\_\_ Date: \_\_\_\_\_

**Section D for School use only**

Tick as appropriate

Request approved for \_\_\_\_\_ number of days from the dates and times as follows:

\_\_\_\_\_

A personal discussion with you is requested. Please contact: \_\_\_\_\_

Request not approved as the circumstances are not considered to constitute an exceptional reason and /or the impact of this absence will affect your child's educational progress.

Ed Co: \_\_\_\_\_ Date: \_\_\_\_\_

Current Attendance Rate: \_\_\_\_\_

*Continuation of section B (if required):*