



Absence Request Form

To be returned to the Headteacher

Son's First Name and Surname:			
Class:			
Parent Contact Number	Home: Work:		
Number of Days Requested: Do Not Include Sat /Sun	Days in Total:	From: Day/Month/Year	To: Day/Month/Year (including this day)
Reason for request:			
Has your child had any other request for absence in the current academic year?	Yes / No	If yes please give dates:	
Has your child previously had absence granted inside school time?	Yes / No	If yes please give dates:	
Signed Parent/Guardian:			

<u>OFFICE USE ONLY</u>	
Permission granted <input type="checkbox"/>	Reasons:
Authorised / Unauthorised <input type="checkbox"/>	
Permission declined <input type="checkbox"/>	
Signed:	Date:

Please also attach any evidence, which may support your request.

WCPS is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.