

Appendix1: Absence request form

Pupil Information			
Pupil Name:		Class:	
Name of Parent / Carer making the request:		Parent/Carer Contact number:	
Parent/Carer contact email:			
Absence Request Information			
Date(s) of Requested Absence:			
Reason for Absence:	<input type="checkbox"/> Illness <input type="checkbox"/> Illness <input type="checkbox"/> Medical Appointment <input type="checkbox"/> Family Emergency <input type="checkbox"/> Religious Observance <input type="checkbox"/> Personal Reasons (Please Specify): <input type="checkbox"/> Other (Please Specify):		
Duration of Absence:	<input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day (Please Specify Time):		
Additional/Supporting Comments:			
Parent/Guardian Signature:			
Date of Submission:			

Please submit this form to the school office at least 14 days prior to the planned absence, or as soon as possible in case of unexpected absences. Approval of the absence request is subject to school policies and regulations. For any questions or further assistance, please contact the school office.