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EXCEPTIONAL ABSENCE REQUEST FORM 2025-2026

This request must be submitted at least two weeks before the absence (unless in the case of an emergency)

	<u>, </u>			
Name of child:				
Class:				
First date of ab	sence:			
Child returns to	o school on:			
Total number o	of school days			
Reason for abs	sence:			
To be complete	ed by the school:			
Date (& time) fo	orm submitted:			
Child's attenda	ince level for last three yea	ars:		
	2025-26 (current year so fa	ar)	%	
	2024-25		%	
	2023-24		%	
Any other exce	eptional absence requests	made over th	e previous three	e years:
Details (if appli	cable)			
Absence agree	d by Karen: YES/NO			
Parents inform	ed by letter / email / teleph	none		
Date	Signatur	e		



































