LODE HEATH SCHOOL ABSENCE REQUEST FORM

Form to be returned to the school office with a minimum of two weeks notice

Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances. Please provide any evidence you may have to accompany your request.

Name of Pupil:	Date of I	3irth	
	Class/Tu	ıtor Group	
Address:			
Please detail below the exceptional circumstance why you are requesting to take your child out of school. You may be invited into school to discuss your request with Mr Wilson. (please attach your supporting evidence)			
Leave of absence requested from date to date			
Number of school days that your child will be absent from school:			
Name of Parent /Carer:			
Signature:		Date:	
Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to Solihull MBC for issuing a Penalty Notice.			
For School Use:			
Attendance %			
Previous requests for leave of absence		Yes/No* No. of days	
Evidence provided for exceptional circumstance	Yes/No	Yes/No	
Arrange to meet with parent/carer	Yes/No	Yes/No*	
Authorised Unauthorised By Headteacher			