



Lydiard Millicent CE Primary School Absence Request Form

Name of Child:	
Date of Birth:	
Class:	
Date of first day of absence:	
Date of return to school:	
Number of days child will be absent:	
Known siblings and school(s) attending:	
Please explain the exceptional circumstances which have led to you applying for a leave of absence for your child. (Attach supporting information / continue on an additional page if required.)	
Signed:	Date:

For school use:

Attendance %:

Total sessions pupil absent this academic year:

Total unauthorised absence this year:

Request authorised: Yes/No

LYDIARD MILLICENT CE PRIMARY SCHOOL ABSENCE REQUEST REPLY
NOTIFICATION

Name of Child:..... Class:.....

Requested Dates of Absence:.....

Absence Authorised / Unauthorised*

Date:..... Mrs Carly Luce Principal, Lydiard Millicent CE Primary