**APPLICATION FOR ABSENCE FROM SCHOOL**

Pupils attend school for a maximum of 190 days each academic year. Regular attendance is vital for your child’s educational progress. Absence during school time has an adverse effect on academic progress.

\*If the request is for an approved educational or sporting activity please ensure you attach any details that show the appropriate DBS, Health and Safety and any other relevant checks are in place.

If you wish your child to be absent from school, please complete this form and return it to school at least two weeks before your intended departure date. Thank you.

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| --- | --- | --- | --- |
| **PARENTS’ SECTION** | | | |
| Surname of Child: |  | First name: |  |
| Date of Birth: |  | Year Group: |  |
| Surname of parent/carer: |  | First name: |  |
| Relationship to child: |  | | |
| Home address: |  | | |
|  |
|  |
| Postcode: |  | Telephone number: |  |
| Email address: |  | | |
| Reason for request\*: |  | | |
|  |
|  |
| Length of absence:  (number of school days) |  |  |  |
| Dates of proposed absence: |  | | |
| Parent/carer signature: |  | Date: |  |
| (e-signature acceptable) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SCHOOL SECTION** |  | Attendance: | % | | | |
| Date application received: |  | Date of meeting with parent/s (where applicable) |  | | | |
| Headteacher’s signature: |  | Absence authorised? | Yes |  | No |  |
| Reason for decision: |  | | | | | |

Please return forms to [attendance@saint-michaels.lancs.sch.uk](mailto:attendance@saint-michaels.lancs.sch.uk) or mark paper forms for attn. of Mrs J Wild.