

STENBURY FEDERATION
EXCEPTIONAL CIRCUMSTANCE REQUEST
TO TAKE A STUDENT OUT OF SCHOOL DURING TERM TIME
(Please return form at least 2 weeks before the absence)

Student's Name	
Home Address:	

Parent/Carer 1:	Parent/Carer 2:
Full Name:	Full Name:
Home Address: (if different from above)	Home Address: (if different from above)

First date of absence:	
Date of return to school:	
Total number of school days missed:	
Reason for absence:	

I understand that if the absence request is unauthorised, the Education Welfare Service will be notified and a Penalty Notice may be issued. This is a fine of £60 for each child issued to each parent.

Signed: (Parent/Carer) Date:

To be filled in by School:	
% Attendance to date:	
Number of unauthorised days to date:	

Having considered your application carefully:	
Leave of absence is APPROVED (the absence will be recorded as 'Authorised')	
Leave of absence is NOT APPROVED (the absence will be recorded as 'Unauthorised')	
Headteacher Signature:	