



**CAGE GREEN PRIMARY SCHOOL AND THE PHOENIX CENTRE FOR AUTISM  
APPLICATION FOR PUPIL ABSENCE 2017/2018**

Name(s) of child(ren)	Date of Birth	Class

Dear Mr Garthwaite

I / we would like to make a formal request for the absence of my/our child(ren) from School for the period below. Within the terms and conditions of the school's Attendance Policy I/we ask the school to consider the application for the following period:

From: ..... To: .....

Total number of days absent from school ..... Total number of sessions/am/pm .....

Please indicate the category of absence that applies to your application:

Family absence during term time		Medical/hospital appointments	
Days of Religious Observance		Family bereavement	
Special occasions		Music / other exams	
School visit/interviews/exams		Other (please specify)	

Signature of Parent: ..... Date: .....

**The school will consider whether the request for Authorised Absence is acceptable within the terms of the school's Attendance Policy. For any authorisation, this application has to be received by the school 28 days in advance of the start of the absence period. Please can you provide evidence of absence i.e. booking confirmation, appointment letter or written explanation.**

**Cage Green Primary School  
Application for Pupil Absence**

**For office use only**

Name	Class	%	Dates	sessions/am/pm
			From:	
			To:	

Authorised	Yes/ No
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**Additional Information (Attendance Panel Only)**

Signature of Headteacher..... Date .....