

Appendix B

Request for authorised MEDICAL/Other absences

Please provide a minimum of 1 week's notice, where possible, to assist teachers with their planning.

Pupil's name: _____

Date[s] of absence _____ Time of appointment: _____

Place of appointment: _____

Time you will collect your child Anticipated time of return

Reason absence required during the school day

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Signed Date

For school use only:

Attach an 'Attendance Summary' report (selecting the first and last dates of the academic year) for each child.

Absence percentage during current academic year% for *Child's name*

Absence percentage during current academic year% for *Child's name*

Absence percentage during current academic year% for *Child's name*

School target and national average is no more than 4% absence. Persistent absence is 15%+

Medical/Other request authorised.....

Register code

Medical/Other request un-authorized

Register code

Signed.....

Date.....

Headteacher

Comments

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