

**ST. LUKE'S CHURCH OF ENGLAND  
PRIMARY SCHOOL  
Request for Absence Form**

CHILD'S DETAILS			
Surname		First Name	
Date of Birth		Year Group	
Address			
PARENT/GUARDIAN'S DETAILS			
Surname		First Name	
Relationship to child			
Address (if different to above)			
Telephone no.		Mobile no.	
Email			
DETAILS OF REQUEST FOR LEAVE			
Date of Departure		Date of Return	
No. of School Days Absence		Destination	
Local emergency contact name		Emergency contact number	
Address resident at whilst on leave			
<p>Please provide details and reasons for requesting this leave of absence and in particular any 'exceptional circumstances'. If necessary, please provide any documentary evidence in support of your request.</p>			
<p>I certify that the information provided on this form is correct. I understand that the school reserves the right to issue a penalty notice or remove my child from the school register for unauthorised leave.</p>			
Signature		Date	

**– FOR COMPLETION BY THE SCHOOL –**

Authorised	YES / NO		
Exceptional Circumstances			
Signature		Date	
Name		Position	