

# PUPIL ABSENCE REQUEST

Full name of pupil		Class	
Start date		Start time	
Return date		Return time	

Reason for absence <i>(please tick as appropriate)</i>	Medical/dental appointment	Illness/sickness	Holiday	Other <i>(please specify)</i>

**Please provide detailed reason for absence:**

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.....

Parent/guardian/carer name .....

Signature ..... Date .....

**JIGSAW USE ONLY:**

Absence code *(please circle)*

B C D E F G H I J L M N  
 O P R S T U V W X Y Z

Added to School Calendar *(please tick)*       N/A       Yes

Reviewed by .....

Job title ..... Date .....