

ABSENCE REQUEST

A completed form is required for **all planned absences**, including medical appointments and any other absences not due to illness. Please refer to the [Attendance Policy](#) for details about the circumstances under which we may authorise absences.

For 'on the day absences' **due to illness**, please ensure that you notify the school by 8.00am via email to attendance@jigsawschool.co.uk or by telephone on 01483 273874.

TO BE COMPLETED BY PARENT/CARER		
Name of pupil		
Class		
I am applying for leave of absence for my child	Date	Time <i>if applicable</i>
From - <i>please include time if not a full day</i>		
Returning to school on - <i>please include time if not a full day</i> NB. if there are any changes to the date or time of return the School must be notified by the parent/carer as soon as possible		
Reason for absence		
Please state the exceptional circumstances for which leave is requested		
Name (parent/carer)		
Signed (parent/carer)		
Date		

TO BE COMPLETED BY HEADTEACHER/DEPUTY HEADTEACHER	
Having considered the request above in line with our policy, our decision is that this absence has been:	
<input type="checkbox"/>	Fully approved - this absence is authorised
<input type="checkbox"/>	Partly approved - _____ school days are authorised any remaining days unauthorised
<input type="checkbox"/>	Not approved - this absence will be recorded as unauthorised
Name	
Date	

FOR OFFICE USE ONLY - details added to School Calendar	
Name	
Date	