**GREAT MOOR JUNIOR SCHOOL**

Request for authorisation of absence due to special circumstances

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| Pupil's Name: | | Class: |
| Date - Absence to Commence: | Date – Return to school: | |
| Amount of days off: | | |
| Reason for Request: | | |
| Authorisation requested by:  Contact Phone Number: | | |
| Date: | | |

For School use only

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| Attendance rate last year |  | | | |
| Previous absences this year |  | | | |
| Authorised/Unauthorised by | Yes |  | No |  |