**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: |
| Number 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 |  |