

# **REQUEST FOR ABSENCE FROM SCHOOL**



The school does not authorise absences during term time except for exceptional family circumstances and organised educational experiences (e.g. music exam, drama performance).

**All requests should be submitted to the Headteacher using this form at least two weeks before the first day of intended absence.**

**For the attention of:** Mr T Miller, Headteacher  
St Peter's Catholic School  
Horseshoe Lane East  
Guildford  
GU1 2TN

**Name of Student:** \_\_\_\_\_ **Tutor Group:** \_\_\_\_\_

I/we request that my/our son/daughter be absent from school on the following dates:

**First day of absence:** \_\_\_\_\_

**Last day of absence:** \_\_\_\_\_

**Number of schools days:** \_\_\_\_\_

**Reason for absence:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Carer signature:** \_\_\_\_\_

**Parent/Carer name (printed):** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Please note for all medical or dental absences, you should take the following action:**

- Email the School Office [absent@st-peters.surrey.sch.uk](mailto:absent@st-peters.surrey.sch.uk) and copy in your son/daughter's Form Tutor in advance of the date.
- Write in your son/daughter's journal the date, time and type of medical appointment.
- Note, all students must sign in and out of School Reception for health and safety purposes.