To: Helen Dickenson and Emily Webster

Name of Child:………………………………………………………………………….

Date of Birth: ……………………………………………………………………………

Class: ……………………………………………………………………………

I, being the parent/guardian of the above child/children, request that you consider allowing my child/children to be absent from school.

I understand that your decision will be taken after considering:

1. The impact the absence will have on his/her education, and

(b) The child’s/children’s previous attendance record.

**Reason for absence:**

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

……………………………………………………………………………………………………….

Requested period of absence **From:**……………………… **To:**………………………….

Signature of Parent/Guardian ………………………………………………………………..

 Date ………………………………………………………………..

Approved by Principal ………………………………………………………………...

 Date ………………………………………………………………..