

REQUEST FOR LEAVE OF ABSENCE
DURING THE SCHOOL DAY

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|--------------------------------|--------|
| Child's name | Class: |
| Date of absence: | |
| Time of absence: | |
| From: to: | |
| Reason for absence: | |
| Signed: (parent/carer) | |
| For office use only: | |
| Date Received: | |
| Approved by: | |
| Texted date & initials: | |