

	To: The Headteacher of The Galfrid School I wish to apply to have an absence authorised, for:
	Child's name Class
	Child's name Class
	Date from: date to: (Inclusive)
	Name of Parent(s)/Carer(s):
Р	Please fully explain the exceptional circumstances that you would like the school to consider. This section must be completed. Please continue on a separate sheet if need.
	Signature of Parent(s)/Carer(s):
	Date:
	%
	This portion to be returned to parents/carers Pupil(s)
	Name(s)
	Form(s)
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	□ Absence unauthorised
	Headteacher - Signed Date

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