	Request for	Absence	during the	e School Term	n			
	Name of Child:			Clas	SS:			
INTEGRITY • COMMITMENT • RESPECT STJOHN'S SCHOOL	Contact Tel No:			Date	e:			
	I request permission for the above named child to be kept off school for the							
	following reason: Exceptional circumstances Compassionate return to UK Medical POTL Other (please specify): 							
I understand that absence during ticked above. (Additional paperwo the school office for the additional there is no obligation on behalf of Post Operative Tour Leave (POTL of an authorisation form from your	rk needs to be com forms at least 5 wo the staff to set wor) entitlement is a fu	npleted by your (orking days in ad k for my child. urther 10 days w	unit for any ex vance). As I a hich can be a	ceptional circumstan m requesting to keep uthorised by the Hea	ices. Please contact my child off school,			
or an authonsation form from your	Unit C/O. Please			i this iorm.				
The absence requested is from		to	wh	ich is a total of	school days.			
I understand that this application n days will prompt a telephone call for					•			
Parent's Signature:		Print Name:						
			•••••					
Dear Mr & Mrs				Date	:			
Thank you for your application to is classified as follows:	keep your child off	school during te	rm time. I car	confirm that your re	equested absence			
Previous Recorded Absences:								
A total of Authorised absen	ces this year	A total of	Sick/Medica	I absences this year				
A total of Unauthorised abs	ences this year	A total of	Post Operat	ive absences this ye	ar			

		-				-			
O Authorised days. O Unauthorised days for the following reason:									
	() Ap	Application exceeds maximum days permitted			O A	pplication received after event			
	O Ap	Application does not qualify for authorised absence O See attached sheet							
A total of absences have now been recorded									
Signed: Headteacher/Designated Safeguarding Lead									
School Use or	nly: 🔘	Class teacher	O Parent	O Pupil's reco	ord	O MSA file			