



Holy Ghost Catholic Primary School

PUPIL ABSENCE REQUEST

Name of Pupil: _____

Class: _____

Reason for absence: _____

Date of Absence: _____

From: _____ until: _____ (inclusive)

Total Number of hours / days absent: _____

If part of one day - will your child have a school dinner on this day?

YES

NO

Have you had any correspondence from the Wandsworth Education Welfare Service regarding your child's attendance this academic year?

NO

YES

Signed _____

Name of parent/guardian _____

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FOR SCHOOL USE

Absence authorised YES NO

Notes _____