



**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 \_\_\_\_\_

.....  
**FOR SCHOOL USE**

Absence authorised YES NO

Notes \_\_\_\_\_