



Grace Academy Solihull: Student Absence Request Form

Completed forms are to be returned to the school with a minimum of two weeks notice

Please note that there is no automatic right for students to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances, in line with guidance from Solihull MBC and the Government.

Name of Student:	Date of Birth:	Tutor Group:
Address:		
Postcode:		
Please detail below the exceptional circumstances why you are requesting to take your child out of school. You may be invited into school to discuss your request with a member of the school's Senior Leadership Team. (please attach your supporting evidence)		
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.....		
.....		
Please enter below the dates that you are requesting for your child to be absent from school.		
(first date of absence): ____ / ____ / ____ (last date of absence): ____ / ____ / ____		
Number of school days that your child will be absent from school:		
Name of Parent/Carer:	Signature:	Date:

NB: Any leave of absence which has not been agreed will be marked as unauthorised. These may be referred to Solihull MBC which could result in the issuing of a Penalty Notice.

For School Use Only:

Attendance to date:	%
Previous requests for leave of absence:	Yes / No
Evidence provided for exceptional circumstance:	Yes / No
DSL reviewed request: Yes / No or N/A	Date:
Outcome of DSL Review:	
Arrange to meet/speak with Parent/Carer: Yes / No Staff Initials:	Date & time:

Authorised Unauthorised (please select one)	
Reason:	
Principal's Signature:	Date:
Parent informed of outcome by:	Date: