

To be completed by parent/carer:

Childs Name..... Tutor Group/ Class

First day of absence..... Last day absence (incl).....

Total number of learning days missed.....

Reason withdrawal from learning is requested:

.....
.....
.....
.....

Name of Parent/Carer *(Please print)*

.....

Signed:.....Date:

Principals decision:

Name of child:..... Tutor group.....

Date decision form sent home:.....

Authorised:

Your request has been authorised for the following dates:/...../..... to/...../.....

Unauthorised:

Your request has been unauthorised for the following dates:/...../.... to .../...../.....

Principal's signature.....

Date:.....