



School Absence Request Form – Pre-schoolers

This form will need to be returned to the school office please.

Name of pupil: Date of birth:	Class/year group: PRESCHOOL
Contact details Email: Telephone number:	If you are also applying for a sibling(s) absence in school? (please tick) <input type="checkbox"/> All Saints First School
I understand there is a retaining fee of 50% payable when at least two weeks' notice has been received, otherwise full session fees apply.	
Leave of absence From (date and time)	
To (date and time).....	
Number of school days or half days that your child will be absent from school.....	
Name of parent/carer (who the pupil normally lives with and who has parental responsibility) Signature:	Date:
