



**St. Augustine's  
Catholic Primary School**

Hardy Avenue  
Weymouth DT4 0RH

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Headteacher: Mrs. Emma Berry



**REQUEST FOR CHILD'S ABSENCE FROM SCHOOL DURING TERM TIME DUE TO  
EXCEPTIONAL CIRCUMSTANCES**

**St Augustine's Catholic Primary School**

**Child's Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**I wish to apply for my child to be absent from school during the following dates:**

**Date of last day at school:** \_\_\_\_\_

**Date of return to school:** \_\_\_\_\_

**Total number of school days missed:** \_\_\_\_\_

**Reasons for absence from school:** \_\_\_\_\_

**Sibling/s details:**

<b>Name:</b>	<b>School:</b>	<b>Year:</b>

**Parent /Carer:**

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request for absence accepted**

**Yes**

**No**

Mrs E Berry Headteacher

Date: