



Form for any request of non-medical leave of absence

Name of School Dorin Park School			
Name/s of Child/ren		Year Group/s	
Do you have any other children in other schools? If yes, please write name/s of child/ren and school.			
State reason for absence			
First day of absence		Total number of school days missed	
Return date to school			
Signature (Parent)		Date	
Signature (Parent)		Date	
For School Office Use Only			
Acknowledgement of reply for Leave Of Absence			
Headteacher's Decision			
Authorised Absence		Unauthorised Absence	
Reason for Authorised or Unauthorised Absence			
Signed (Headteacher)		Date	
Copied to Parents		Register Code	