



# St. David Haigh & Aspull C of E Primary School

Headteacher: Mr R Woods, BEd. Hons (Oxon)

## REQUEST FOR AUTHORISED ABSENCE

Child's name: \_\_\_\_\_ Class & Year: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

Length of absence: (please circle)

½ day am                      ½ day pm                      Full Day                      Number of days: \_\_\_\_\_

For Part Day abs:                      Pick up time: \_\_\_\_\_

Return time: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date requested: \_\_\_\_\_

I authorise / do not authorise the above absence.                      Absence code:

Signed: \_\_\_\_\_ Mr R. Woods (Headteacher)

Date: \_\_\_\_\_ Filed: \_\_\_\_\_

***A copy of this request is to be returned to the Parents/Carers requesting the absence.***

Copperas Lane • Haigh • Wigan • WN2 1PA  
Tel: 01942 831310 • Fax: 01942 833818 • Email: enquiries@admin.saintdavids.wigan.sch.uk  
[www.saintdavids.wigan.sch.uk](http://www.saintdavids.wigan.sch.uk)

