

**ST. FRANCIS CATHOLIC
PRIMARY SCHOOL
MELTON MOWBRAY**

APPLICATION FOR A FORESEEN ABSENCE

Please complete this form so that your child's absence can be considered for authorisation.

Name of child:-
Date(s) of absence:-
Name of Class Teacher:-

Please tick	Reason for Absence	Details	Appt. attached	Email/text seen by
	Doctor Medical			
	Dentist			
	Optician			

Other reason:

I should like to apply for my child's absence from school to be authorised.

Parent SignatureDate

For school use:

Authorised/Unauthorised by.....Date.....

FORESEEN ABSENCE APPLICATION REPLY

The absence of on

has been authorised/unauthorised by the Head Teacher.

Signed