

Brunel School 170b Torquay Road Paignton TQ3 2AL Telephone:01803 665522 Email:admin@brunelschool.org.uk

To The Headteacher of Brunel School. I wish to apply to have an absence authorised for:

Child's Name:					Year:	-
•	child who attends a differ the child's name and s					
Date of Absence from:			Date to: (inclusive)			
Name & Address of F	Parent/carer:					
	he exceptional circums mpleted. Please contin				consider & locat	ion. This
Signature of Parent/o	carer:					
Office use only Date form received:	No. of school days:	Authorised: Y Unauthorised:	•	Code in SIMS:	Headteacher	signed?
This section to be returned Please note that even	urned to Parent/carer: if this absence reques al Authority if your child	t is authorised	d you ma	y still receive a lett		om either
Child's Name:			Year:			
□Absence Authorised From:			To: (inclusive)			
□Absence Unauthorised: Current attendance %:			Date:			
Signed:			Date:			