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| ABSENCE REQUEST PERMISSION FORM 2025-2026 | | | |
| Please avoid booking holidays during term time wherever possible, as this can have a detrimental effect on your child’s learning.  Once completed, please return this form to the school office, either by email ([prepabsence@wrekincollege.com](mailto:prepabsence@wrekincollege.com)) or in person. | | | |
| Your Full Name: |  | | |
| Full Name of Child: |  | | |
| Child’s Class: |  | | |
| Dates of Absence: |  | | |
| How many days of school will be missed? |  | | |
| Reason for Absence: |  | | |
| Have you requested any other absences this academic year and, if so, for how many days? |  | | |
| Parent Signature: |  | | |
| Date of Signature: |  | | |
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| THIS SECTION TO BE COMPLETED BY THE OFFICE | | | |
| APPROVAL GIVEN: |  | HEAD’S SIGNATURE: |  |
| DATE: |  | | |
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| APPROVAL CANNOT BE GIVEN: |  | HEAD’S SIGNATURE: |  |
| REASON: |  | | |
| DATE: |  | | |