

Diocese of Arundel and Brighton - St Wilfrid's Catholic Primary School



Request for Withdrawal from Learning

Please complete the information below. Absence not authorised by the school will be recorded as unauthorised absence. Before completing this form, please read the withdrawal from learning form information notes which can be found on the school website.

Name of your child:..... Class:.....

First day of absence:..... Date of return to school:.....

Please indicate and complete the reason for seeking absence during term time:

- Medical appointment which cannot be arranged outside of the school day. *(Please supply a copy of the medical letter.)*
- Religious observance on days officially set apart by the religious body to which the parents belong. Please name the religious occasion:
- Wedding of a close family member. Please state your relationship to those getting married:..... *(Please supply a copy of the wedding invitation)*
- Funeral of an immediate relative. Please state their relationship to the child:.....
- Other reason. Please give full details *(if required please use additional paper)*

I have read and understood the information attached.

Signed:..... Dated:

PLEASE LEAVE THIS BLANK: FOR SCHOOL USE ONLY

Current academic year previous amount of authorised absences:

Current academic year, previous amount of sickness absences:

Current academic year, previous amount of medical appointments

Number of unauthorised days during current academic year.

PLEASE LEAVE THIS BLANK: FOR SCHOOL USE ONLY

Withdrawal from Learning- Response

Name of child:..... Class:.....

Dates requested as absence from learning

From:..... Returning to school on:.....

- Has been authorised on this occasion.
- Has not been authorised on this occasion for the following reason:

Signed: (Headteacher)..... Date:.....