**Absent from Pre-school for Exceptional Circumstances Form**

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| **School Name:** |
|  **Child’s Details** |
| Name: |
| Date of birth: |
| Address: |
| Contact numbers: |
| **Sibling Details of Compulsory School Age**  |
| Name: | DateOf Birth: | School: |
| Name: | Date Of Birth: | School: |
| Name: | DateOf Birth: | School: |
| **I request permission for my child to be absent from Pre-School** |
| Date of First DayOf Absence: | Date of Return To Pre-School: | Total of AbsentPre-School Days: |
| Please give details below the reason for your request for absence from pre-school in term time and include any supporting information. |
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| **Signed: Date:** (parent/Carer) **Full Name:** |
| **Signed: Date:**(Pre-School Manager)**Full Name:** |