



Alwyn Infant School, Mulberry Walk, Maidenhead, Berkshire, SL6 6EU

Request for Exceptional Leave Form

Name of pupil:

Class:

Date of leave of absence from _____ to _____

Number of school days absent:

Exceptional Reason for Absence:

Signed _____ Name _____

Date:

For School Use: Code to be applied:

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For the Headteacher:

Name:

Class:

Date/s requested:

Current Attendance %

Last Year's Attendance %

Exceptional reason accepted YES / NO

The absence has been authorised / unauthorised

Completed by:

Date: