



HEAD TEACHER CINDY O'SULLIVAN  
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### Notification of Absence of Child during Term Time

Name of child: \_\_\_\_\_

My son/daughter will be absent from school from (date of first day of absence):

\_\_\_\_\_

Returning to school on:

\_\_\_\_\_

This is due to the following **exceptional circumstances**:

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*Please note that agreement will have to be received from the Headteacher and ratified by the Chair of Governors.*

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved (Headteacher): \_\_\_\_\_ Date: \_\_\_\_\_

Approved (Chair of Governors): \_\_\_\_\_

