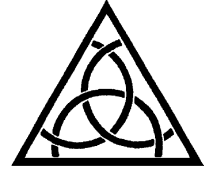




# Trinity Christian School



Birbeck Street, Stalybridge, Cheshire SK15 1SH

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*“Bringing the love of God into the classroom”*

## Request for Absence from School

Parent/Guardian to complete in full and return/send to the School Office with a weeks' notice before the requested date of absence.

All forms will need approving first and Tutors/Teachers will be notified of any absences.

Parents will be notified of the outcome.

Pupil Name(s)	
Date from:	
Date of <b>return</b> to school:	<i>My child/ren will be back in school on:</i>
Reason for absence: (Holiday / external exam / visit etc). Exc. medical appointments	
Parent's signature:	
Date:	

OFFICE USE ONLY:	
DATE RECEIVED:	Head/COG APPROVED (sign):
REQUEST ACCEPTED? YES / NO	Reason for non-acceptance:
PARENT NOTIFIED? YES <input type="radio"/>	