



We are called to be the hands and face of Jesus as we learn, love and grow together

Acting Headteacher: Mrs A Whitty

St. Vincent de Paul Catholic Primary School
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EXCEPTIONAL ABSENCE APPLICATION

In compliance with the Local Authority’s guidelines regarding absence during term time, this will only be authorised in exceptional circumstances. Please see overleaf for the criteria for absences.

I/We (name in block capitals please) would like to request the following dates:

From (date)

To (date)

Reason for request

.....

Child’s/Children’s names:

..... Class:

..... Class:

..... Class:

Signed: Date:

After completing the form please return to the school office no less than 3 weeks before the date you want the period of absence to start, together with supporting letter.

Authorised Absence Application: St Vincent de Paul Catholic Primary School

Child’s/Children’s Names

a) Your request for absence **has not** been granted.

b) Your request **has** been granted due to exceptional circumstances.

Signed: Date:

Mrs A Whitty Acting Headteacher

