



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

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.

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 Headteacher

