



AGS Absence Request Form

The school will comply with Government guidance by the KHDA (Knowledge and Human Development Authority).

Student Name:	YR Group/ Class:
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Other children enrolled in school:

Name:	YR Group/ Class:
Name:	YR Group/ Class:

Absent from school date:	Return to school date:
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Total number of days absent from school:

Does the absence overlap with beginning or end of term? Yes No

Please state your reason for the absence:

Name of Parent/Carer:

Signature of Parent/Carer:	Date:
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The Principal will consider the following points before authorising leave:

1. The child's attendance history (above or below 94%)
2. The time of year (Controlled Tests, Exams, or August/September)
3. The length and purpose of the absence

Where the Principal decides that authorisation cannot be given, it will be marked as Unauthorised absence and parents will be notified via email.

OFFICE USE ONLY

Current attendance %	
Signature of Principal:	Authorised: <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised: <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised: <input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	