



Budmouth College, Chickerell Road, Weymouth, DT4 9SY
Telephone: 01305 830500

REQUEST FOR CHILD'S ABSENCE FROM COLLEGE DURING TERM TIME DUE TO EXCEPTIONAL CIRCUMSTANCES

Child's Name: _____

Home Address: _____

I wish to apply for my child to be absent from Budmouth College during the following dates:

Date of last day at College: _____

Date of return to College: _____

Total number of College days missed: _____

Reasons for absence from College: _____

Sibling/s details:

Name:	School/College	Year:

Parent /Carer:

Please Print Name: _____

Signature: _____

Request for absence accepted: Yes No

Reason for refusal

Mr R Jacobs
Principal, Budmouth College

Working Together, Creating Opportunities

For office use only:

Approval/Decline Letter sent Input on SIMS Reg FPN Requested Input on SIMS worksheet