



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
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Mr David Herbert  
Principal, Budmouth College

*Working Together, Creating Opportunities*

**For office use only:**

Approval/Decline advised       Input on SIMS Reg       FPN Requested