Part 3 (To be completed by the Headteacher) – only if school absence is required

Child's Full Name:

Date of Birth:

Nature of Performance: One Off ☐ 6 Month on file request ☐

Dates of Performance/s:

Dates School Absence required:

Please tick as appropriate

I Agree ☐ I Don't Agree ☐

Reason for Objection:

Headteacher Name:

School and Address:

Telephone Number:

Headteacher's Signature:

Dated:

School Stamp