

# Bishop Young Academy

## Exceptional Circumstances Absence Form

Student Name	
Year Group	
Cathedral	
Parent/Carer Full Name	
Date of Absence	
Details of the Exceptional Circumstances  Please attached evidence wherever possible/appropriate	
Which Exceptional Circumstances criteria do you believe this situation meets: <ul style="list-style-type: none"> <li>○ Time off to grieve for, and attend the funeral of, a family member</li> <li>○ Time off for religious observances</li> <li>○ Time off to attend treatment for a lifelong medical condition</li> <li>○ Time off to receive treatment for, or recuperate from, serious injuries or medical emergencies</li> </ul>	
Parent/Carer Signature	
Date Submitted	

### To be completed by the Cathedral Leader

Date received by Cathedral Leader	
Attendance % prior to absence	
Previous academic year attendance %	
Which exceptional circumstances criteria does this meet?	
Cathedral Leader Signature	

Approval by Assistant Principal	
Date	

Approval by Principal	
Date	