

Pupil Absent through Ill-health: Request for Special Arrangements

Pupil Name: _____	School: _____				
Date of Birth: _____	Stage: _____				
Home Address: _____	Home Tel. No.: _____				
Name of Parent/Carer: _____					
Nature of Child's illness or injury: _____					
Likely duration of absence from school: _____					
Date absence from school commenced: _____					
Subjects (Secondary only) please indicate order of priority – 1 being the highest					
Details of school staff willing to support child at home:					
Name	Subject	No. of Hours Available			
Name of school contact: _____					
Designation of school contact: _____					
Please attach a copy of a medical certificate and any additional information you feel would be helpful in making special arrangements for this child e.g., any known learning/behavioural difficulties, existing involvement of other agencies (Psychological Service, Social Work, Health Service, etc.)					
Signed: _____ (Head Teacher)		Date: _____			

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Response to Request for Tuition

Pupil Name: _____		School: _____	
Number of hours approved: _____			
Signed: _____		Date: _____	
Principal Officer (Inclusion)			