Cardiff High School Cluster

Request for Absence

Pupil's Name & Year Group: _____

Sibling: **Yes / No** **Name of sibling(s):** _____

_____

School attended by sibling: **Cardiff High / Lakeside / Rhydypenau /Roath Park / Marlborough**

(please circle relevant school)

Date(s) of absence requested: _____

Reason for absence: _____

_____

_____

Parent / Carer's signature: _____ **Date:** _____

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