

## Sgoil an Rubha



## Notification of short-term withdrawal of children from school

Pupil Information				
Name of Child/ren		Class	Date of B	irth
Dates of withdrawal (inclusive) and duration				
From: To:		Number of School Day		
Reason for Absence: Family Holiday Mainland Medical Appoin	tment 🗌	Sporting Event [	Other	
Information to support withdrawal application du	ıring term time			
Please give more details regarding the reason for the witha	rawal request			
Parent/Carer signature		Date		
FOR SCHOOL USE ONLY				
This absence will be recorded in SEEMIS as: <b>AUTHORISED</b> UNAUTHORISED [		ABSENCE C	ODE	
ACKNOWLEDGEMENT OF NOTIFICATION C	OF SHORT-TERM	WITHDRAWAL FR	OM SCHOOL	••••••
I acknowledge receipt of your notice to withdraw	our child/ren fro	om Sgoil an Rubha	as detailed bel	ow:
Pupil Name/s:				
		Absence	Authorised	
From: To:		categorised as	Unauthorised	