



Application for reasonable adjustment

f your child has been away from school for one of the reasons stated below and you would like them to still	be
considered for a gold, silver or bronze attendance award, please complete this form, and certify the content.	

Name of child:	
Class:	
Parent/carer name and phone number:	
 Criteria for reasonable adjustment Your child has had a childhood infectious disease (such as chicken pox, measles, scarlet) and could not attend school. Your child was unfit to attend school and this has been verified by your GP. Your child has had an accident where a hospital/GP has stated they are unable to attend. Your child has been admitted to hospital. 	
Please note: It is important that in all cases that you contact the school on the first day of illne verification of the illness/ accident/admission.	ess and offer
Please write your reasons for consideration below, with dates of absence included:	
Please tell us which (if any) evidence you are providing to support this application:	
Terms and conditions:	_
1. No more than 2 applications per term (except in exceptional circumstances).	
2. All applications will be considered on a case by case basis.	
3. Completion of this form does not guarantee an adjustment.	
 In any circumstance actual absence statistics cannot be changed, this form is only for at consideration. 	tendance awards
5. All applications will receive a response.	
I certify that the information I have given in this form is correct and true. I understand that prov	viding the school with false
information will not be tolerated.	

Signed by ______(parent/carer) Date _____