



Leave of Absence Request Form

Child's Name:			DoB:		
Class:			Year:		
Main Parent(s)/Carer(s)					
Surname:			Surname:		
Fist Name:			First Name:		
Date of Birth (for legal purposes in the event of prosecution)					
Date of Birth			Date of Birth:		
Address and Postcode:					
First written language if not English:					
Telephone Contact Nos:					
Siblings / Siblings School (if different)					
Siblings / Siblings School (if different):					
Additional Parent/Carer (Please complete if parents live separately)					
Surname:			First Name:		DoB:
Address and Postcode:					
Telephone Contact Nos:					
Start Date of Absence:					
Last date of Absence:					
Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED: Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:					



I/We understand that a penalty notice may be issued if this request is denied and my/our child is absent during this period. I/we understand that a fine will be payable **per child, per parent of £120 if paid within 28 days but reduced to £60 per child, per parent if paid within 21 days.**

(All Parents/Carers to sign where appropriate)

Signed:

Full Name:

Date:

Signed:

Full Name:

Date:

To be completed by the School:

Date Received by School:			
Total number of days requested:			
Leave of Absence AGREED / DECLINED for the following Reason/s:			
Date of decision letter sent to each parent/carer:			
Headteacher:			
Signed:		Date:	