



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:			
Sibling / Sibling's School (if different)			
Sibling / Sibling's 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)

	Parent/Carer 1	Parent/Carer 2
Full Name:		
Signed:		
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:	