



### Leave of Absence Request Form

<b>Child's Name:</b>		<b>DoB:</b>	
<b>Class:</b>		<b>Year:</b>	
<b>Main Parent(s)/Carer(s)</b>			
<b>Surname:</b>		<b>First Name:</b>	
<b>Surname:</b>		<b>First Name:</b>	
<b>Address and Postcode:</b>			
<b>First written language if not English:</b>			
<b>Telephone Contact Nos:</b>			
<b>Siblings / Siblings School (if different)</b>			
<b>Siblings / Siblings School (if different):</b>			
<b>Parent/Carer 2 (Please complete if parents live separately)</b>			
<b>Surname:</b>		<b>First Name:</b>	
<b>Address and Postcode:</b>			
<b>Telephone Contact Nos:</b>			
<b>Start Date of Absence:</b>			
<b>Date of Return to School:</b>			
<b>Exceptional Circumstance resulting in this Request for Absence, WITH EVIDENCE:</b>			



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:		

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To be completed by the School:

<b>Total Number of Days Requested:</b>			
<b>Leave of Absence AGREED / DECLINED for the following Reason/s:</b>			
<b>Date of Decision Letter sent to each Parent/Carer:</b>			
<b>Headteacher:</b>			
<b>Signed:</b>		<b>Date:</b>	