

Leave of Absence Request Form

School Logo

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|---|--|----------------|--|
| Child's Name: | | D o B: | |
| Class: | | Year: | |
| Main Parent(s)/Carer(s) | | | |
| Surname: | | Surname: | |
| First 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 No's: | | | |
| Siblings / Siblings School (if different): | | | |
| Siblings / Siblings School (if different): | | | |
| Additional Parent/Carer (Please complete if parents live separately) | | | |
| Surname: | | First Name: | |
| | | D o B: | |
| Address and Postcode: | | | |
| Telephone contact Nos: | | | |

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| 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)

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|---------|--|------------|--|-------|--|
| Signed: | | Full Name: | | Date: | |
| Signed: | | Full Name: | | Date: | |

To be completed by the school:

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| 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/carers: | |
| Headteacher: | |
| Signed: | |
| Date: | |