

**Leave of Absence Request Form**

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| --- | --- | --- | --- |
| Child’s Name:  |   | Date of Birth:  |   |
| 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:  |   |  | Date of Birth:  |   |
| 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 refused, and my / our child(ren) is / are 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:  |   |