

Leave of Absence Request Form

Name of School

Child's Name and DoB:		
Class:		
Full name of all parents / carers:		
Address of parents / carers:		
	Tel:	Tel:
Siblings / Siblings School (if different)		
First spoken language if not English:		
First written language if not English:		

Start date of absence:	
Date of return to school:	
Exceptional circumstance resulting in this request for absence, with evidence:	

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.**

(Both parents/carers to sign were appropriate)

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	

To be completed by the school:

Total number of days requested:			
Percentage of Attendance	This Year:	Last year (if relevant):	
Leave of absence AGREED / DECLINED for the following reason/s:			
Decision letter sent to parent/carer? (date)			
Signature of Head		Date:	

