

Leave of Absence Request Form

Child's Name:			DoB:		
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 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 for more than 10 sessions (usually equivalent to 5 School days) in any 10 School weeks. I/we understand that the first Penalty Notice issued to a parent will be charged at £160 per child, per parent if paid within 28 days. This will be reduced to £80 per parent, per child if paid within 21 days. A second Penalty Notice issued to the same parent in respect of the same child is charged at a flat rate of £160 per parent, per child if paid within 28 days. A third Penalty Notice cannot be issued to the same parent in respect of the same child within 3 years of the date of issue of the first. In a case where the national threshold is met for a third time (or subsequent times) within those 3 years, alternative action will be taken.

(All Parents/Carers to sign where appropriate)

Signed:	F	Full Name:	C	Date:	
Signed:	F	Full Name:	C	Date:	

To be completed by the School:

Date received by School:					
Total number of days requ	ested:				
Leave of Absence AGREED / DECLINED for the following Reason(s):					
			1		
Date of decision letter sent to each parent / carer:					
Headteacher:					
Signed:				Date:	