**Leave of Absence Request Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |