

**SCHOOL ABSENCE REQUEST FORM**

Form to be returned to the school with a minimum of one weeks notice

**Please note: if you go ahead with the leave of absence when unauthorised, you may receive a Fixed Penalty Notice issued through the Local Authority. This will be £60 per parent if paid with 21 days, which rises to £120 each if you do not pay within 21 days. If you do not pay the fine after 28 days you may be prosecuted for your child’s absence from school.**

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| --- | --- |
| Name of Pupil: ……  Date of Birth: ………. | Class: … |
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| Please detail the **exceptional circumstances** why you are requesting to take your child out of school. (please attach your supporting evidence if applicable)  **……………………………………………………………………………………………………………….** | |
| Address: ……  ………… Contact No: ……… | |
| Leave of absence from (date): … To (date): …………  Number of school days you child will be absent from school ……… . | |
| Signature: ……………  **Name of Parent/Carer 1:** …… | Date: ……  DOB: …… |

|  |  |
| --- | --- |
| Signature: ………  **Name of Parent/Carer 2:** …… | Date: …  DOB: … |

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**SCHOOL USE ONLY:**

**Previous requests for leave of absence YES/NO**

**Date received: ……… % Attendance: …………**

**Date of meeting/phone call with parents (if applicable): ……**

**Principal Response:**  **Authorised/Unauthorised**

**Signature**………… **Date**………