National Autistic Society | Robert Ogden School

SCHOOL ABSENCE REQUEST FORM

Form to be returned to the school with a minimum of two 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.

Name of Pupil: …….. Date of Birth: ……..	Class:
Name of Pupil: ……..…… Date of Birth: ……..	Class:
Name of Pupil: ……... Date of Birth: ……..…	Class:
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: ……..

SCHOOL USE ONLY:

Previous requests for leave of absence YES/NO

Date received: …… % Attendance: ……

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

……

Principal's Response: Authorised/Unauthorised

Signature……**Date**……