

## 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.

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Name of Pupil:	Class:
Date of Birth:	2.330.
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Name of Pupil:	
Date of Birth:	Class:
Please detail the exceptional circumstances why you are reques	ting to take your child
out of school. (please attach your supporting evidence if applicable)	
Address:	
Contact No:	
Legue of absence from (date).	
Leave of absence from (date):	•••••
Number of school days you child will be absent from school	
Number of school days you child will be absent from school	
Signature:	Date:
Name of Parent/Carer 1:	DOB:
Name of Faleni/Caler 1.	DOB
Signature:	   Date:
3ignatore	Daie
Name of Parent/Carer 2:	DOB:
Hame of Faleni, Caref 2.	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	
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Signature	