

**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: …………………………………………………...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’s Response:**  **Authorised/Unauthorised**

**Signature**…………………………………………………**Date**………………………………………