SCHOOL ABSENCE REQUEST FORM

<u>Form to be returned to the school with a minimum of one weeks notice</u>

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: …
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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: ……

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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**………