# Request for leave of absence

**Please note that for any absence, you may be asked to supply further supporting documents. This form must be submitted at least 10 working days prior to the requested leave of absence.**

| Child's Full Name | Date of Birth | Class |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| Parent/Carer details (please list all parents) | | | |
|---|---|---|---|
| First Name |  | Surname |  |
| Date of Birth |  | Relationship to the child |  |
| Address and postcode |  | | |
| Telephone number |  | | |
| First Name |  | Surname |  |
| Date of Birth |  | Relationship to the child |  |
| Address and postcode |  | | |
| Telephone number |  | | |

| Siblings: Please provide the names of any siblings and the school that they attend, if different | | |
|---|---|---|
| Child's Full Name | Date of Birth | School: |
|  |  |  |
|  |  |  |
|  |  |  |

| Details of the absence | | | |
|---|---|---|---|
| **Date of first day of absence:** | | **Date of last day of absence:** | |
| **Total days absent:** | | **Expected date of return to school:** | |

| Please provide the reason for this request including supporting evidence |
|---|
| |

| Contact details whilst absent from school | |
|---|---|
| **Address whilst away:** | |
| **Telephone number whilst away:** | |

**Please read the following statement and sign to indicate that you understand:**

I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time. I accept that this may have a detrimental impact on my child/ren's progress and their social relationships and friendships. I understand that a penalty notice may be issued if this request is denied and my child is absent during this period. I understand that a fine will be payable per child, per parent of £120 if paid within 28 days but reduced to £60 per child, per parent if paid within 21 days.

| **Signed:** | | **Full name:** | | **Date:** | |
|---|---|---|---|---|---|
| **Signed:** | | **Full name:** | | **Date:** | |

| Office use only | | | |
|---|---|---|---|
| **Date request received:** | | **Total number of days requested:** | |
| **Child's Full Name:** | **Current % Attendance** | **Application authorised/decline** | |
| | | | |
| | | | |
| | | | |
| **Reason for decision:** | | | |
| **Headteacher signature** | | **Date:** | |