**LEAVE OF ABSENCE FORM**

**A request for absence should be made in advance at least 6 weeks before the**

**proposed leave of absence.**

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| **Pupil Details:**  |
| **Name :**  |  | **Date of Birth:** |  |
| **Class / Teacher:** |  |

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| **Dates of Requested absence:****Date of return to school:**  |
| **Reason for leave of absence request :** |

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| I understand that keeping my child off school if my request is not granted, will result in the absence being recorded as unauthorised. This may result in a Penalty Notice being issued to me by the Local Authority for the non-attendance of my child at school. |
| Parent / Carer Name: Relationship to Child:  |
| Date of request:  |

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| **OFFICE USE ONLY****Approved / Not Approved****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Headteacher** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |