LEAVE OF ABSENCE REQUEST FORM

Please complete the form and attach copies of any travel/plane tickets to verify the dates you have given.

Name of Child……Class……

My child will be absent from (Day & Date)……

My child will return to school on (Day & Date)……

I would like to take my child out of school because……
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Please provide the address of where you are staying ……
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I confirm I have read the school's Attendance Policy and understand that leave of absence should only be requested in exceptional circumstances, where it is rare, unavoidable and short. I also understand both parents/carers may receive a penalty notice if my child is absent from school without authorisation, as we have a legal duty to ensure the regular and full time attendance at school for my child, as they are a registered pupil *(Education Act 1996)*

Name of parent or carer……

Address of parent or carer ……

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Signed……Date……

Please return this form to the school office for the attention of the Head Teacher. The Head teacher will inform you of their decision, in writing, as soon as possible.

FOR OFFICE USE ONLY

Authorised ☐ Unauthorised ☐

Head Teacher's signature……Date……