**Leave of Absence Form**

**Please note: You may be asked to supply further supporting documents.**

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| **Child’s Full Name:** | **Date of Birth:** | **YR group:** |
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| **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 name of any siblings and the school that they attend – if different.** | | | | | |
| **Child’s Full Name:** | | **Date of Birth:** | | **School:** | |
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| **Details of the absence:** | | | |
| **Date of First day of absence:** |  | **Date of last day of absence:** |  |
| **Total Number of days absent:** |  | **Expected date of return to school:** |  |
| **Please provide the reason for this request including supporting evidence:** | | | |
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| **Contact details whilst absent from school** | | | |
| **Address whilst away:** | |  | |
| **Telephone number whilst away:** | |  | |

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| **Please include any other requests for leave or leave taken this academic year.** | |
| **Date of leave** | **Days taken** |
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| **Please read the following statement and sign to indicate you understand the this:**  I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren’s progress. I understand that on the first occasion 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 £160 if paid within 28 days but reduced to £80 per child, per parent if paid within 21 days.  I understand that a second penalty notice issued for the same child/ren is payable per child, per adult, at a flat rate of £160 if paid within 28 days.  I understand that a third penalty notice cannot be issued for the same child/ren within 3 years of the date of issue of the first, and that other legal interventions may be instigated. | | | | | |
| **Signed:** |  | **Full name:** |  | **Date:** |  |
| **Signed:** |  | **Full name:** |  | **Date:** |  |

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| **To be completed by the school:** | | | | | |
| **Date request received by the school:** |  | | **Total number of days requested:** | |  |
| **Child’s Name:** | | **Current % Attendance** | | **Application Authorised or Declined?** | |
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| **Reason for school’s decision**: | |  | | | |
| **Headteacher:** | |  | | | |
| **Signed:** | |  | | **Date:** |  |