



Leave of Absence 2020/21

Child's Name:		D.O.B	
Class:		Year:	
<b>Main Parent(s)/Carer(s)</b>			
Surname:		Surname:	
First Name:		First Name:	
<b>Date of Birth: (for legal purposes in the event of prosecution)</b>			
Date of Birth:		Date of Birth:	
Address and Postcode:			
First written language if not English:			
Telephone contact No's:			
Siblings / Siblings School (if different)			
Siblings / Siblings School (if different):			
<b>Additional Parent/Carer (Please complete if parents live separately)</b>			
Surname:		First Name:	
		D o B:	
Address and Postcode:			
Telephone contact Nos:			

Start date of absence:	
Last date of absence:	
<b>Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED :</b> <b>Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:</b>	

I/We understand that a penalty notice may be issued if this request is denied and my/our child is absent during this period. I/we 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.**

**(All parents/carers to sign where appropriate)**

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	



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**To be completed by the school:**

<b>Date Received by School:</b>			
<b>Total number of days requested:</b>			
<b>Leave of absence AGREED / DECLINED for the following reason/s:</b>			
<b>Date of decision letter sent to each parent/carer:</b>			
<b>Headteacher/Deputy Head</b>			
<b>Signed:</b>		<b>Date:</b>	