

Request for leave form.

Date of Birth:

Yr Group:

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

Child's Full Name:

Siblings: Please provide the name of any siblings and the school that they attend – if different.									
Child's Full Name:		Date of Birth:			Schoo	l:			
Details of the absence									
Date of First day of				Date of last o	lay of				
absence:				absence:					
Total Number of				Expected date of					
days absent:				return to school:					
Please provide the re	eason f	or this rec	uest	including supp	porting	evidence:			
Please provide the reason for this request including supporting evidence:									
Contact details whils	t absei	nt from sc							
Address whilst away:									
Telephone number whilst away:									



Please include any other requests for leave or leave taken this academic year.										
	Date of leave		Days taken							
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										
a penalty during this	notice may be issu period. I understa d within 28 days b	ued if this requ and that a fine	uest will	is denied and be payable p	my child is al per child, per	bsent parent of				
21 days.	J WIITIIT ZO GGYS DI			pei chiia, pei	рагент пра	ia wimin				
Signed:		Full name:	Full name:		Date:					
Signed:		Full name:	Full name:		Date:					
To be comp	leted by the school:									
	at received by			ll number of days						
Child's Name:		Current % Attendance		Application Authorised or Declined?						
		-								
Reason for	school's decision:									
Headteache	r:									
Signed:				Date:						

