Leave of Absence Request Form

Child's Name:		D o B:	
Class:		Year:	
Main Parent(s)/Carer(s)			
Surname:		Surname:	
First Name:		First Name:	
Date of Birth: (for legal purposes in the event of prosecution)			
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):			

Additional Parent/Carer (Please complete if parents live separately)					
Surname:		First Name:		D o B:	
Address and Postcode:					
Telephone contact Nos:					

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

(All parents/carers to sign where appropriate)

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

To be completed by the school:

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