

# Leave of Absence Request Form



**WILLIAM LAW CE PRIMARY SCHOOL**

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:	
Date of return to school:	
Exceptional circumstance resulting in this request for absence, WITH EVIDENCE:	

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:	

**To be completed by the school:**

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

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