

Leave of Absence Request Form

HERITAGE PARK PRIMARY SCHOOL

Child's Name:		DoB:	
Class:		Year:	
<u>MAIN PARENT(S)/CARER(S)</u>			
Surname:		First Name:	
DoB: (for legal purposes in the event of prosecution)			
Surname:		First Name:	
DoB: (for legal purposes in the event of prosecution)			
Address and Postcode:			
First written language if not English:			
Telephone contact No's:			
Siblings / Siblings School (if different):			
Siblings / Siblings School (if different):			
<u>ADDITIONAL PARENT/CARER</u> (Please complete if parents live separately)			
Surname:		First Name:	
DoB: (for legal purposes in the event of prosecution)			
Address and Postcode:			
Telephone contact No's:			

Continued overleaf

Start date of absence:	
Last date of absence:	
EXCEPTIONAL/UNAVOIDABLE CIRCUMSTANCE resulting in this request for absence, WITH WRITTEN EVIDENCE ATTACHED ; Types of evidence can include, booking details, flight documents, invitations, certificates, appointment letters.	<u>Please state reason for absence request:</u>

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:

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