



PUPIL LEAVE OF ABSENCE REQUEST (to be completed by parents/carers only)

Pupil's Name D.O.B Form

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I request permission for the above named pupil(s) to be granted leave during the school term.

Reason for request

.....
.....

Dates of absence

From To No of school days

Address where we will be staying

Email address

Phone Number

I/We understand that if leave is agreed:

- if travelling abroad, I / we will supply a copy of the return travel documentation.
- I / we will supply the name and phone number of a contact person whilst abroad.
- if I / we take leave without authorisation I / we am / are aware that I / we may be issued with a penalty notice. If I do not pay the fine, the case may be referred to Court which could result in a fine of up to £1000 per child and a criminal record.
- In exceptional circumstances, or for repeat offences, penalty notices may not be issued, and cases may be referred straight to Court.

Parent/Carer Name	Parent/Carer Name
DOB	DOB
Address	Address
.....	
Signature	Signature
Date	Date

(School staff should not alter the form by adding details once it has been submitted by parents.)

Request **agreed / denied**

Signed Head Teacher