**Leave of Absence Request Form for Pupils**

**A request should be made at least 3 weeks in advance before the proposed leave of absence.**

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| Pupils Name |  |
| Date of Birth |  |
| Class / Teacher |  |
| Date of requested Absence |  |
| Date of return to school |  |
| Reason for leave of absence |  |

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| I understand that keeping my child off school if my request is not granted will result in the absence being recorded as unauthorised. This may result in a Penalty Notice being served to me by the Local Authority for the non-attendance of my child at school. |
| Parent Carer Name |
| Signature |
| Date of Request |

**For school use only:**

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| Authorised: Yes / No |
| Signed by: |
| Date: |