**Leave of Absence Request Form**

By signing this Absence Request I understand the following:

1. Absences from school will only be authorised in exceptional circumstances.
2. No child may be granted more than 10 days leave in any school year.
3. The school may authorise all or part of the Leave of Absence requested.
4. If the absence is not authorised and I still take my child out of school I understand that I may be the subject of a Fixed Penalty Fine of £60 in respect of each child and each parent, or subject to further legal proceedings.
5. If we are delayed in returning we will contact the school to explain why as soon as is possible.

Parents should refer to the schools Attendance Policy when making a request.

*For office use only*

*Academy to return form to parent with decision and to retain copy for their records*

I confirm that your request for Leave of Absence from to

………………………….……has been authorised.

I regret that your request for Leave of Absence from to

………………………………has not been authorised. Please see attached letter.

Percentage attendance this year:

Percentage attendance last year:

No. of days requested:

No of previous applications:

Signed (Principal)

Date:

I request that my child:

(name)

Have authorised absence from:

(date)

Up to and including:

(date)

Number of days requested:

**Reason for absence**

Signed: (parent/carer)

Date: