 **Leave of absence request during term time**

|  |  |
| --- | --- |
| **Name of Child/ren** | **Year group** |
| **Dates of absence** | **Number of days** |
| **Reason absence requested** |
| **In signing this form, I am aware that any unauthorised absences amounting to 8 half days (4 days) within a ten week period will result in a penalty notice being issued. This is currently £60.00 per child per parent/carer if paid within 21 days or £120.00 if paid within 28 days.****Further details can be found within the school’s attendance policy which is available on the website.** |
| **Parent/Carer signature Date form completed** |

To be completed by the Office/Head Teacher:

|  |  |
| --- | --- |
| **Authorised** | **Unauthorised** |
| **Reason** |
| **Attendance****Current Year** |  |  |  |  |  |
| **Head Teacher’s signature Date form completed** |