



Leave of Absence Request Form

By signing this request I have read and understood the information provided, noting that a penalty notice may be issued and that this absence may impact on my child's achievement.

I request that you authorise a Leave of Absence from school for my child.

Student Name*		LM Group/Year	
Current Address:			

*Please use another sheet if you have more than one child in School

Dates (inclusive)	From		To	
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Reason for the Leave of Absence Request, including full details of any exceptional circumstances

Signature of Parent/Carer	
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School Use Only

Attendance Officer/ Other School Designated Person

Date Received	
Current Attendance	
No. of days absence so far this year	
Student's Academic Progress	
Comments	

Headteacher/Designated Deputy or Assistant Headteacher

Absence Authorised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments		
Signed/Dated		
Copy to Parent/Carer (including penalty notice leaflet)		