



Leave of Absence Request Form Southfields Primary School

Child's Name:		DoB:	
Class:		Year:	
Main Parent(s)/Carer(s)			
Surname:		First Name:	
Surname:		First Name:	
Parents' Dates of Birth (for legal purposes in the event of prosecution)			
Address and Postcode:			
First written language if not English:			
Telephone contact No's:			
Siblings / Siblings School (if different)			
Siblings / Siblings School (if different):			
Parent/Carer 2 (Please complete if parents live separately)			
Surname:		First Name:	
Parents' Dates of Birth (for legal purposes in the event of prosecution)			
Address and Postcode:			
Telephone contact Nos:			
Start date of absence:			
Date of return to school:			
Exceptional/unavoidable circumstance resulting in this request for absence, WITH EVIDENCE:			

I/We understand that a penalty notice may be issued if this request is denied and my/our child is absent during this period.
I/we understand that a fine will be payable **per child, per parent of £120 if paid within 28 days but reduced to £60 per child, per parent if paid within 21 days. (All parents/carers to sign were appropriate)**

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	
To be completed by the school:					
Total number of days requested:					
Leave of absence AGREED / DECLINED for the following reason/s:					
Date of decision letter sent to each parent/carers:					
Headteacher:					
Signed:				Date:	

This form meets GDPR guidance for any questions please ask the welfare team.