

## Leave of Absence Request Form – Southfields Primary School

Child's Name:		DoB:	
Class:		Year:	
<b>Main Parent(s)/Carer(s):</b>			
Surname:		First Name:	
Surname:		First Name:	
Parents' Dates of Birth (for legal purposes in the event of prosecution)	Parent 1: Parent 2:		
Address and Postcode:			
First written language if not English:			
Telephone contact Numbers:	Parent 1: Parent 2:		
Sibling/Siblings School (if different)			
Sibling/Siblings School (if different)			
<b>Parent/Carer 2 (Please complete if parents live separately)</b>			
Surname:		First Name:	
Parents' Dates of Birth (for legal purposes in the event of prosecution)			
Address and Postcode:			
Telephone contact Numbers:			
Start date of absence:			
Date of return to school:			
Exceptional/unavoidable circumstance resulting in the request for absence. WITH EVIDENCE:	Eid		

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 where appropriate).**

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	
To be completed by the school, Total 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.