**SCHOOL ABSENCE REQUEST FORM**

*Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances. Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to the EPAS team for consideration which could result in a Penalty Notice.*

**Form to be returned to the school office with a minimum of 20 days’ notice.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHILD DETAILS** | | | | | | | | | | | | | | | | |
| Name of Child: | |  | | | | | | | | | | | | | | |
| DOB: | |  | | | | Class: | | | | | |  | | | | |
| First Date of Proposed Absence: | | |  | | | | | | | | | | | | | |
| Last date of Proposed Absence: | | |  | | | | | | | | | | | | | |
| Expected date of return to school: | | |  | | | | | | | | | | | | | |
| Total Days Requested on this occasion: | | | | |  | | | | | | | | | | | |
| Please detail below the exceptional circumstance why you are requesting to take your child out of school. (Please attach supporting evidence). You may be invited into school to discuss your request with the headteacher. | | | | | | | | | | | | | | | | |
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| **LEAVE OF ABSENCE APPLED FOR AT A DIFFERENT SCHOOL FOR SIBLING(S)** | | | | | | | | | | | | | | | | |
| Sibling School: | |  | | | | | | | | | | | | | | |
| Sibling Name: | |  | | | | | | | | Sibling DOB: | | |  | | | |
| Sibling School: | |  | | | | | | | | | | | | | | |
| Sibling Name: | |  | | | | | | | Sibling DOB: | | | | |  | | |
| **PARENT/CARER DETAILS** | | | | | | | | | | | | | | | | |
|  | Mother | | | | | | |  | | | Father | | | | | |
| Name: |  | | | | | | | Name: | | |  | | | | | |
| Address: |  | | | | | | | Address: | | |  | | | | | |
| Telephone: |  | | | | | | | Telephone: | | |  | | | | | |
| Email: |  | | | | | | | Email: | | |  | | | | | |
| Who is accompanying this child on the leave of absence? | | | |  | | | | | | | | | | | | |
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| Parent/carer name completing request form: | | | | | | |  | | | | | | | | | |
| Signature of parent/carer completing request form: | | | | | | |  | | | | | | | | Date: |  |