

REQUEST FOR LEAVE OF ABSENCE

PETERS HILL PRIMARY SCHOOL

Child(ren) namesFormForm
Addre	ssPost Code
I woul	d like to apply for 'Leave of Absence' from school for the above named:
From (date)to (date)to	
Please	ead teacher may only grant 'Leave of Absence' in special or exceptional circumstances. give the reason leave is required
*********	······································
By sign	ning this form I understand the following:
1.	The school's Attendance Policy states that absences during term time will not be authorised unless the Head teacher agrees that there are special or exceptional circumstances and that any absence will be recorded as unauthorised on the school register.
2.	Any unauthorised absences MAY be referred to The Education Investigation Service.
3.	I understand that if a referral is made to The Education Investigation Service that I may be subject to a Penalty Notice, (a fine of up to £120 in respect of each child and each parent,) and/or be subject to further legal proceedings in the Magistrates Court
Signed	Name
Date	
Relatio	nship to child
	of each adult who has Parental Responsibility for each child
Address if different to child's home address:	