

Application by parent/ carer for a child's leave of absence from school during term time							
Students name				Year Group			
				Date of birth	1		
Main Parent/ Carer				Parent/Care			
Name Main Parent/Carer				Date of birth Parent/Care			
Name				Date of birth	1		
Home address							
Postcode			Telephone				
I/ We wish to apply	for my child to be ab	sent from	school during	the followin	g dates	3:	
First day of							
absence			Last day of abs	sence			
Please explain the exceptional circumstances that require a leave of absence during term time?							
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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.							
		<u> </u>	oaid within 21 d				
Signed:		Name:			Date:		_
Signed: To be completed by		Name:			Date:		
Date received by s Total number of da							
	<u>.y</u>						
Please return comp	leted form to Mrs R D	e Paola. A	cademy Attend	lance and S	afeguai	rdina Officer, aivi	ing at
least 20 school days' notice.							