



Leave Of Absence Request

Bramley Sunnyside Infant School

Please read the information on the reverse of this form before its completion*

I wish to apply for my child to take leave of absence during term time.

Name of Child(ren) Form/ Year Group/ Class

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.....
.....

Leave of absence dates

Start date: ___/___/___ End Date: ___/___/___ Number of school days missed _____

Reason for requesting Leave of Absence at this time

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.....

A LETTER FROM AN EMPLOYER MUST BE ATTACHED TO THIS REQUEST FORM IF THE ABSENCE IS DUE TO WORK COMMITMENTS.

Full name, address and date of birth of parent(s)/Carer(s) applying for leave of absence

Parent 1 Name: _____ Date of Birth: _____

Address: _____

Parent 2 Name: _____ Date of Birth: _____

Address: _____

Signed: _____ parent 1 Signed: _____ parent 2

Date of Application: _____

Children At Other Schools:

Name Of child: School:

If you go ahead with the leave of absence when unauthorised, you may receive a **Fixed Penalty Notice** issued through the Local Authority. This will be £60 per parent per child if paid within 21 days rising to £120 per parent per child if paid within 28 days.

SCHOOL USE ONLY

Date received: % Attendance previous 3 terms

% Attendance previous School year: