



Marshfields School

Request for Leave of Absence

Child's Name:		DoB:	
Class:		Year:	
Main Parent(s)/Carer(s)			
Surname:		First Name:	
Surname:		First Name:	
Address and Postcode:			
First written language if not English:			
Telephone contact No's:			
Siblings / Siblings School (if different):			
Siblings / Siblings School (if different):			
Parent/Carer 2 (Please complete if parents live separately)			
Surname:		First Name:	
Address and Postcode:			
Telephone contact Nos:			

Start date of absence:	
Date of return to school:	
Exceptional/unavoidable circumstance resulting in this request for absence, WITH EVIDENCE:	

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 were appropriate)

Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	

To be completed by the school:

Total number of days requested:	
Leave of absence AGREED / DECLINED for the following reason/s:	
Date of decision letter sent to each parent/carer:	
Headteacher:	
Signed:	
Date:	