Aspull Church Primary School

LEAVE REQUEST FORM

A request for absence MUST be made at least a minimum of six weeks before the absence

Pupil Name(s):	Date of Birth(s):
Year Group(s):	

Dates of Requested Absence:	No of days:
Reason for absence:	

Parent/Carers details (please fill in both parents)	
Parent Full Name:	Parent Full Name:
Address:	Address:
Contact No:	Contact No:
Email:	Email:

I understand that keeping my child off school if my request is not granted, will result in the absence being recorded as unauthorised and five days or more may lead to the issue of a penalty notice. The Governors will only consider exceptional circumstances for any holiday request in term time.

Parent/Carer Name: …… Signed ……

Date of Request: ……

Office use

Attendance History _____

Comments _____

_____

Signature _____ ☐ Authorised ☐ Unauthorised

Date _____