



## Leave of Absence Request Form – Southfields Primary School

Child's Name:		Date of Birth:	
Class:		Year:	
Start date of absence:		Date of return to school:	
Exceptional / unavoidable circumstances resulting in the request for absence (PLEASE ATTACH EVIDENCE)			

Main Parent(s) / Carer(s):			
Surname:		First name:	
Surname:		First name:	
Parents' Dates of Birth (for legal purposes in the event of a prosecution)	Parent 1:		
	Parent 2:		
Address and Postcode:			
First written language if not English:			
Telephone contact numbers:	Parent 1:		
	Parent 2:		

Parent / Carer 2 (please complete if parents live separately)			
Surname:		First name:	
Parents' Dates of Birth (for legal purposes in the event of a prosecution)	Parent 2:		
Address and Postcode:			
First written language if not English:			
Telephone contact numbers:	Parent 2:		

Sibling's name:		Sibling's school (if not Southfields)	
Sibling's name:		Sibling's school (if not Southfields)	

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.**

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

*This form meets GDPR guidance, for any questions please ask the Attendance Lead*

### For school use only:

Total days requested:		Decision:	
Date Decision letter sent:			
Headteacher Signature:		Date:	