



Appendix 2

Chellaston Infant and Junior School

REQUEST FOR LEAVE OF ABSENCE FORM

Please complete all shaded boxes on this form

Name of Child(ren)	Class

Other siblings at Chellaston Academy Please delete as required	Other siblings at Chellaston Infant School Please delete as required	Other siblings at Chellaston Junior School Please delete as required
Yes / No	Yes / No	Yes/No
Parent/Carer 1 Name	Parent/carers address if different from child	Parent 1 Phone Number
Parent/Carer 2 Name	Parent/carers address if different from child	Parent 2 Phone Number

Date(s) of Proposed Absence	No. of school days missed
From..... To.....	

Please indicate the reasons for this absence. If this is for a holiday, please indicate why this holiday could not take place in the course of the normal holiday pattern (please see the attached – guide for parents before writing your reasons)

<p>Signature of Parents/Carers with Legal Responsibility for the Child</p> <p>(please use an electronic signature where possible – we will send this back to you for signing if not)</p>	Date	If this request is for a term time holiday, I confirm that the holiday has been...	
		booked	Not booked

Please return this form to school before any booking is made if this is for a holiday to be taken during term time



Child(ren)'s name(s)	Attendance percentage(s) over last 12 months	
Dates Requested		
Date form handed in		
Number of unauthorized sessions in last 10 weeks		
Number of unauthorized sessions in last 3 years		
	Authorised	Not Authorised
THIS <u>ABSENCE REQUEST</u> IS	Subject to further information from parents	
Interview offered to parents/carers		
Reasons for the decision*		
Parent informed by letter	Yes	No
Fine requested	Yes	No
	Name	Signed
Head teacher		
	Date	

*please refer to the 'Guide for Parents'

PARENTS/GUARDIANS MAY RECEIVE A PENALTY NOTICE PAYABLE UP TO £160 PER PARENT PER CHILD FOR UN-AUTHORISED LEAVE OF ABSENCE OR A CRIMINAL PROSECUTION.