



**Ken Stimpson Community School**  
**LEAVE OF ABSENCE REQUEST FORM**



Child's Name:		DoB:			
Tutor Group:		Year:			
<b>Main Parent(s)/Carer(s)</b>					
Surname:		Surname:			
First Name:		First Name:			
Date of Birth (for legal purposes in the event of prosecution):		Date of Birth (for legal purposes in the event of prosecution):			
Address and Postcode:					
First written language if not English:					
Telephone contact No's:					
Name and School of Sibling (if different)					
Name and School of Sibling (if different)					
<b>Additional Parent/Carer (Please complete if parents live separately)</b>					
Surname:		First Name:		D o B:	
Address and Postcode:					
Telephone Contact Nos:					

Start date of absence:		Number of school days absent:
Date of return to school:		
Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED. Types of evidence can include booking details, flight documents, invitation, certificates, appointment letters:		

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 where appropriate)**

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

**To be completed by the school:**

Year Group:

Attendance:

Approved:

Not Approved:

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