Last date of absence:  Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED: Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  //We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his period. I/we understand that a fine will be payable per child, per parent of £120 if paid within 28 days	Child's Na	ime:								::			
Surname: First Name: Pate of Birth: (for legal purposes in the event of prosecution)  Date of Birth:  Address and Postcode: First written language if not English: Telephone contact No's: Siblings / Siblings School (if different): Additional Parent/Carer (Please complete if parents live separately)  Surname:  Address and Postcode: Telephone contact Nos:  Start date of absence:  Last date of absence:  Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED: Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his period. I/we understand that a fine will be payable per child, per parent of £120 if paid within 28 days unt reduced to £80 per child, per parent if paid within 21 days.  (All parents/carers to sign where appropriate)  Signed:  Full Name:  Date:  To be completed by the school:  Date Received by School:  Total number of days requested:  Leave of absence AGREED / DECLINED for the following reason/s:	Class:							Year:					
First Name:  Date of Birth: (for legal purposes in the event of prosecution)  Date of Birth:  Address and Postcode:  First written language if not English:  Telephone contact No's:  Siblings / Siblings School (if different)  Siblings / Siblings School (if different)  Siblings / Siblings School (if different)  Address and Postcode:  First written language if not English:  Telephone contact No's:  Siblings / Siblings School (if different)  Additional Parent/Carer (Please complete if parents live separately)  Surname:  Address and Postcode:  Telephone contact No:  Start date of absence:  Last date of absence:  Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED:  Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his period. I/we understand that a fine will be payable per child, per parent of £120 if paid within 28 days ut reduced to £60 per child, per parent if paid within 21 days.  (All parents/carers to sign where appropriate)  Signed:  Full Name:  Date:  To be completed by the school:  Date Received by School:  Total number of days requested:  Leave of absence AGREED / DECLINED for the following reason/s:	Main Parent(s)/Carer(s)												
Date of Birth: (for legal purposes in the event of prosecution)  Date of Birth:  Address and Postcode:  First written language if not English:  Telephone contact No's:  Siblings / Siblings School (if different)  Siblings / Siblings School (if different)  Surname:  Additional Parent/Carer (Please complete if parents live separately)  Surname:  Address and Postcode:  Telephone contact Nos:  Start date of absence:  Last date of absence:  Exceptional circumstance resulting in this request for absence, with H by Dence ATTACHED:  Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his period. I/we understand that a line will be payable per child, per parent of £120 if paid within 28 days ut reduced to £60 per child, per parent if paid within 21 days.  (All parents/carers to sign where appropriate)  Signed:  Full Name:  Date:  To be completed by the school:  Date Received by School:  Total number of days requested:  Leave of absence AGREED / DECLINED for the following reason/s:	Surname:					Surn	ame:						
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Address and Postcode:  First written language if not English:  Telephone contact No's:  Siblings / Siblings School (if different)  Siblings / Siblings School (if different):  Additional Parent/Carer (Please complete if parents live separately)  Surname:  First Name:  Do B:  Address and Postcode:  Telephone contact Nos:  Start date of absence:  Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED: Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his 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:  To be completed by the school:  Total number of days requested:  Leave of absence AGREED / DECLINED for the following reason/s:	Date of Bi	rth: (for legal pu	ırposes in	the e	vent of pr	osecı	ution)		·				
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Telephone contact No's:  Siblings / Siblings School (if different)  Siblings / Siblings School (if different):  Additional Parent/Carer (Please complete if parents live separately)  Surname:  First Name:  Do B:  Address and Postcode:  Telephone contact Nos:  Start date of absence:  Exceptional circumstance resulting in this request for absence, WITH EVIDENCE ATTACHED: Types of evidence can include, booking details, flight documents, invitations, certificates, Appointment letters:  We understand that a penalty notice may be issued if this request is denied and my/our child is absent during his 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:  To be completed by the school:  Date Received by School:  Total number of days requested:  Leave of absence AGREED / DECLINED for the following reason/s:	Address and Postcode:												
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