



Leave of Absence Request Form

St Michael's Church School

Child's Name:		
Class:		
Full name of all parents / carers:		
Address of parents / carers:		
	Tel:	Tel:
First spoken language if not English:		
First written language if not English:		

Start date of absence:	
Date of return to school:	
Reason for absence:	

I understand that a penalty notice may be issued if my request is denied and my child is absent during this period.

Signed:		Parent/carer:		Date:	
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Signed:		Parent/carer:		Date:	
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To be completed by the school:

Total number of days requested:	
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Previous leave of absence	
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Percentage Attendance	This Year:	Last year (if relevant):
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Leave of absence AGREED / REFUSED for the following reason/s:

Signature of Head		Date:	
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