



LEAVE OF ABSENCE FORM

Whitchurch Way  
Halton Lodge  
Runcorn  
WA7 5YP  
  
Telephone: 01928 564031  
Fax: 01928 591538

A request for absence should preferably be made at least a minimum of six weeks before the proposed leave of absence

<b>PUPIL DETAILS</b>			
<b>NAME:</b>		<b>Date of Birth</b>	
<b>Class/Teacher</b>			

<b>Dates of requested absence:</b>
<b>Date of return to school:</b>
<b>Reason for leave of absence request:</b>

I understand that keeping my child off school if my request is not granted, will result in the absence being recorded as Unauthorised. This may result in a Penalty Notice being issued to me by the Local Authority for the non attendance of my child at school.

Parent/Carer Name.....

Signature: .....

Date of Request: .....