ST PETER'S RC HIGH SCHOOL

REQUEST FOR A LEAVE OF ABSENCE DURING TERM TIME

Please ensure that you are giving at least seven days' notice of the proposed absence, retrospective applications cannot be authorised.

Pupil Name:		Form	
Pupil's Address:			
First date of absence:		Date of return to school:	
Number of days your child will be absent from school:			
Name of Parent/Carer making this request:			
Reason for the absence:			

☐ I can confirm I have parental responsibility for the pupil named above (If you are not a registered parental contact on our system this request will be denied straight away).

I understand that if the absence request is not authorised and the holiday is taken the Headteacher may request that the Local Authority issue a Fixed Penalty Notice. I understand that a Penalty is issued to each parent for each child taken out of school and that this is a fine of £60 if paid in within the first 21 days which increases to £120 if paid between 21 and 28 days. I understand that if I do not pay this it may result in legal action.

☐ Please tick to confirm you have read the statement above.

Signed _____ Date _____