LEAVE OF ABSENCE REQUEST FORM

	Name of Child/ Children:					
	Year Group:					
	First Day of Absence:					
	Number of Days Absent:					
Reaso	on for Leave of Absence Reques	t? (Tick	all that apply)		_	
	Holiday		Operation			
	Wedding		Medical Appoint	ment		
	Funeral		Other Reason I wil	l detail		
Other	Reason:	·			_	
l wou	ld like a meeting to discuss the	Leave o	of Absence Request:	YES	NO	
	e read the following statement			understood:		
_	- School cannot authorise <u>any time</u> off for holidays.					
- If you choose to take your child on holiday during term time, Hertfordshire County Council can give each parent a fine of £60 per child , which rises to £120 each if you do not pay within 21 days.						
-	- If the school does not accept the reason that has been given or agree with the amount of time taken, we will not authorise the absence.					
 We require evidence before we can authorise time off for medical appointments and operations during term time. 						
- Persistent Absence (below 90%) is a safeguarding concern. The school and Local Authority Attendance Team will investigate reasons for Persistent Absence and this may also result in a fine.						
I have read and understood the stateme			Signed:	С	Dated:	
OFFIC	 E USE ONLY					

No

Yes

REQUEST GRANTED

SLT SIGNATURE and DATE

NUMBER OF DAYS AUTHORISED (If any)