



MANOR DRIVE SECONDARY ACADEMY

Porter Avenue, Peterborough PE4 7EP

Headteacher: Mrs J Sludds



Leave of Absence Request Form

Child's Name:			DoB:	
Form Group:				
Main Parent/Carer 1		Main Parent/Carer 2		
Surname:		Surname:		
First Name:		First Name:		
Date of Birth: (for legal purposes in the event of prosecution)				
Date of Birth:		Date of Birth:		
First written language if not English:		First written language if not English:		
Address and Postcode:				
Telephone contact Nos:				
Siblings / Siblings School (if different):				
Siblings / Siblings School (if different):				
Additional Parent/Carer (Please complete if parents live separately)				
Surname:		First Name:		
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			

I/We understand that a penalty notice may be issued if this request is denied and my/our child is absent during this 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:	
Signed:		Full Name:		Date:	
Signed:		Full Name:		Date:	

To be completed by the Academy:

Date received by school:					
Total number of days requested:					
Leave of absence AGREED / DECLINED for the following reason/s:					
Date of decision letter sent to each parent/carers:					
Headteacher:		Signed:		Date:	