



WESTON FAVELL CE PRIMARY SCHOOL  
In partnership with NPAT

## Leave of Absence Request

**PLEASE NOTE: PUPILS ARE EXPECTED TO TAKE FAMILY HOLIDAYS DURING SCHOOL HOLIDAYS**

*Please complete this form and return it to reception or email to [wfps.org.uk](mailto:wfps.org.uk) at least **14 days** before the date you wish to remove your child from school.*

Child's Name:	Year Group/Class:
First day of absence:	Date of return to school:
Total number of school days missed: _____ days.	
Reason for absence (please give details of the exceptional circumstances):   	

I understand that if the absence request is unauthorised the Education Welfare Service may be notified of the absence and a Penalty Notice may be issued. I understand that a Penalty Notice is issued **to each parent/carer of each child** taken out of school and that this carries a fine of £60 if paid within 21 days, increasing to £120 if paid within 28 days. I understand that if I do not pay the fine, it may result in legal action being taken against me. **Parents have a duty to ensure their child's regular attendance at school and failure to do so is an offence under Section 444(1) of the education Act 1996.**

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For School Use Only**

FAO – Headteacher

Name of Child .....		Class.....	
Your leave of absence application has been considered and on this occasion, the School			
<b>WILL/WILL NOT</b> authorise the absence.			
Signed: .....		Headteacher Date: .....	

Current Attendance %	Last Years Attendance %	Unauthorised absence %	Comments