

## **Leave of Absence Request**

If you consider an absence during term time to be an exceptional circumstance, Please complete this form and return it to <a href="mailto:attendance@st-pauls.leicester.sch.uk">attendance@st-pauls.leicester.sch.uk</a> at least 14 days before the date you wish to remove your child from school. You will be notified of the school's decision via email.

| Student Name:   |  | Year/Tutor Group:   |  |
|---|--|---|--|
| Address:  |  |   |  |
| Postcode:   |  |   |  |
| Parent/Carer Name:  |  | Contact telephone number & email address:                                       |  |
|   |  |   |  |
| First day of Absence  | Date of return to school:  |   | Total number of missed days:   |
| Reason for absence (please give   | e details of the e   | xceptional circum   | stance):   |
| notified of the absence and a Peissued to each Parent/Carer of ea within 21 days, increasing to £120 I understand that if I do not pay the state of | enalty Notice ma<br>ch child taken ou<br>I if paid within 20<br>he fine, it may re | ny be issued. I und<br>ut of school and the<br>8 days.<br>esult in legal action | cational Welfare Service may be derstand that a Penalty Notice is not this carries a fine of £60 if paid in being taken against me. Parents and failure to do so is an offence |
| under Section 444(1) of the Educ  |  |   |  |
| Signed:   | Print Name:_   |   | Date:  |