



Northborough Primary School

Headteacher: Mr S Mallott

Church Street
Northborough
Peterborough
PE6 9BN
Telephone: 01733 252204

Dear Parents/ Carers,

LEAVE OF ABSENCE REQUEST FORM

As you will know from our newsletters as well as the press, **absences from school cannot be authorised during term time except in exceptional circumstances.** We take great care in planning the curriculum and missing just one session does affect the children's learning. I know that holidays taken during term time offer financial savings but they do not recompense the children for their missed education and consequent need to "catch up".

The attendance figures at our school have always been above the national average and this is a significant factor in ensuring that the achievements of our children are also always above the national average. Please support us in giving your child an excellent education by ensuring that, apart from occasions of illness, their attendance is 100%.

ONCE COMPLETE PLEASE HAND INTO THE SCHOOL OFFICE.

We will endeavour to provide parents/carers with a decision within 3 days of submitting your request.

Leave of Absence Request Form

Child's Name:		D o B:	
Class:		Year:	
Main Parent(s)/Carer(s)			
Surname:		Surname:	
First Name:		First Name:	
Date of Birth: (for legal purposes in the event of prosecution)			
Date of Birth:		Date of Birth:	
Address and Postcode:			
First written language if not English:			
Telephone contact No's:			

office@northborough.peterborough.sch.uk



Siblings / Siblings School (if different)				
Siblings / Siblings School (if different):				
Additional Parent/Carer (Please complete if parents live separately)				
Surname:		First Name:		D o B:
Address and Postcode:				
Telephone contact Nos:				
Start date of absence:				
Date of return to school:				
Exceptional circumstance resulting in this request for absence, WITH EVIDENCE:				

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:	

To be completed by the 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:		