



THE
DIOCESE OF
SHEFFIELD
ACADEMIES
TRUST

Kilnhurst St Thomas C of E Primary Academy

Leave of Absence Request Form

I wish to apply for my child(ren) to take leave of absence during term time.

Name of Child(ren)

Year Group/Class/Form

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If you are applying for leave of absence for a sibling at another school within Rotherham please give their details below.

Name of Child(ren)

School/Year Group/Class or Form

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Leave of absence dates:

Start date: __/__/__ End date: __/__/__ Number of school days missed _____

Reason for requesting Leave of Absence at this time.....

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Full name, address and date of birth of parent(s)/carer(s) applying for leave of absence

Parent 1 Name: _____ **Date of Birth:** _____

Address: _____

Parent 2 Name: _____ **Date of Birth:** _____

Address: _____

Signed: _____ **Parent 1** Signed: _____ **Parent 2**

Date of Application: _____

If you go ahead with the leave of absence when unauthorised, you may receive a Fixed Penalty Notice issued through the Local Authority.

% Attendance Year to Date: _____