



**BARNLSLEY**

Metropolitan Borough Council

Directorate for Children, Young People and Families



**Birdwell Primary School**

Sheffield Road  
Birdwell  
Barnsley  
S70 5XB  
Tel./Fax: 01226 742957  
Headteacher: Ms. J Gilmour



## Leave of Absence Request Form

*Please read the information on the reverse of this form before its completion*

I wish to apply for my child to take leave of absence during term time. I understand that this will result in work being missed and will make every effort to ensure that it is copied upon return.

**Name of child /children**

**Name of School**

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.....  
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**Dates of requested Leave of Absence**

From: ..... /..... /..... To:..... /..... /.....

Number of school days missed

Reason for requesting leave of absence: .....

.....  
.....

**A LETTER FROM AN EMPLOYER MUST BE ATTACHED TO THIS REQUEST FORM IF THE ABSENCE IS DUE TO PARENT/CARER WORK COMMITMENTS.**

**Full name and address of parent applying for leave of absence:**

.....dob.:\_\_/\_\_/\_\_

**Full name and address of parent /carer taking the child out of school (if different to the above):**

.....dob.:\_\_/\_\_/\_\_

**Signed .....**Parent / Carer

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. Per child, this will be £60 if paid within 21days; payment after this time but within 28days is £120**

**SCHOOL USE ONLY**

**Date Application Received**

**Attendance at time of application =**

**%**