



Name of School	
Name/s of Child/ren	Year Group/s
Do you have any other children in other schools? If yes please write name of child/ren and school.	
State reason for absence	
First day of absence	Total number of school days missed
Return date to school	
Signature (parent/carer)	Date
Signature (parent/carer)	Date

For School Office Use Only	
Acknowledgement of reply for Leave Of Absence	
Headteacher's Decision:	
Authorised Absence	Unauthorised Absence
Reason for Authorised or Unauthorised Absence	
Signed (Headteacher)	Date
Copied to Parents (Date)	Register Code
LA informed of absence/fixed penalty requested	Yes/No

Once completed, please return this form to the School Office or alternatively, please forward to admin@weaverhamforest.cheshire.sch.uk