



WYNNDALE PRIMARY SCHOOL

REQUEST FOR WITHDRAWAL FROM LEARNING

TERM TIME ABSENCE

Name of Child:		Class:	
Please provide the names/s and addresses below of the parent/carers who will be taking the child on Leave of Absence:			
Name: Address: Parent DOB: Parent email: ☐ Parental Responsibility		Name: Address: Parent DOB: Parent email: ☐ Parental Responsibility	
Dates of school missed	From:	To:	Total School Days Missed:
Reason(s) for requesting withdrawal from learning during term time:			

☐ I have enclosed a copy of relevant documents to support my request, e.g. a special invitation letter.

I make application for my child named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised. I understand that holidays will not be authorised and may result in being issued with a penalty notice fine (£80 per parent per child if paid within 21 days). A second absence within a 3 year period will be £160 per parent per child if paid within 28 days. A third absence within a 3 year period will be presented straight to Magistrates Court.

Signed by Parent/Carer: Date:

Print Name:

Relationship to child: