

Ewanrigg Junior School

Ennerdale Road MARYPORT Cumbria **CA15 8HN**

Tel: 01900 812330



























Leave of absence/ Holiday request

Pupil NameClass	3
Date of first day of absenceam or p	•
Date of return to schoolam or p	
Number of school days that your child will be abs	
Please detail the exceptional circumstance for wh	nich you are requesting leave of absence
the holiday taken and a Penalty Notice may be each parent for each child taken out of school days and £120 if paid between 21 and 28 day Notice will result in prosecution, except in limi	nauthorised the Local Authority may be notified of issued. I understand that a Penalty is issued to I and that this is a fine of £60 if paid within 21 vs. I also understand that failure to pay a Penalty ited circumstances.
Name(s) of Parent/Carer (s) making application .	
Dr/Mr/Mrs/ Ms Forename	Surname
Dr/Mr/Mrs/ Ms Forename	Surname
Signed	Dated
(Please ensure you are giving at least 7 days' not applications cannot be authorised)	ice of the proposed absence, retrospective
For school to complete: \Box AUTHQRISED	□unauthorised
Their attendance is currently:	
Their arrendance is currently	

Headteacher: Shelley McGlasson Be All You Can Be!