APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Important Information for Parents – please read before completing this form

We expect every pupil's attendance at school to be 100% unless there are exceptional or unavoidable reasons for absence. Parents do not have any legal entitlement to take their child on holiday during term time. It is the Headteacher who decides whether a period of leave during term time will be authorised or not in line with legislation. The Education (Pupil Registration) (England) Regulations 2006 (amended in September 2013) make it clear that Headteachers cannot grant any leave of absence during term time unless 'exceptional circumstances' exist.

Every request for leave of absence during term time will reviewed on an individual basis with due consideration of the circumstances but the Headteacher can only grant leave of absence if they consider exceptional circumstances apply. If the exceptional circumstances are agreed, the Headteacher will determine the length of the absence to be authorised.

All requests for leave of absence should be made in advance and before any arrangements are confirmed or money committed. This form must be completed in full by the parent who intends to remove the pupil from school during term time. Failure to make a request for a leave of absence in advance will result in the absence taken being recorded as unauthorised.

I have read the above information a	ınd wish to apply	for Lea	ave of Absence from	n school for:
Child's Full Name:		Date	of Birth:	Class:
Parent/Carer Details (please list all	l parents)			
First Name:			Surname:	
Date of Birth:			Relationship to th	e
			child:	
Address and postcode:				
Telephone number:				
First Name:			Surname:	
Date of Birth:			Relationship to th	e
			child:	
Address and postcode:				
Telephone number:				
Siblings: Please provide the name	of any siblings a	nd the	school that they a	ttend
Child's Full Name:		Date	of Birth:	School:

Date of First day of absence: Date of last day of absence: Total Number of days absent: Expected date of return to school:
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absent: return to school:
Please provide the reason for this request including supporting evidence:
Please read the following statement and sign to indicate you understand the this:
I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren's progress. I understand that a penalty notice may be
issued if this request is denied and my child is absent during this period. I understand that a fine will be payable per child, per parent of £120 if paid within 28 days but reduced to £60 per
child, per parent if paid within 21 days.
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Signed: Full name: Date:
Signed: Full name: Date: Signed: Full name: Date:
Signed: Full name: Date:
Signed: Full name: Date: Signed: Full name: Date: To be completed by the school: Date request received by the school: requested:
Signed: Full name: Date: Signed: Full name: Date: To be completed by the school: Date request received by Total number of days
Signed: Full name: Date: Signed: Full name: Date: To be completed by the school: Date request received by the school: requested: Child's Name: Current % Application Authorised or Declined?
Signed: Full name: Date: Signed: Full name: Date: To be completed by the school: Date request received by the school: requested: Child's Name: Current % Application Authorised or Declined?
Signed: Full name: Date: Signed: To be completed by the school: Date request received by the school: Child's Name: Current % Attendance Application Authorised or Declined?
Signed: Full name: Date: Signed: To be completed by the school: Date request received by the school: Child's Name: Current % Attendance Application Authorised or Declined?
Signed: Full name: Date: Signed: To be completed by the school: Date request received by the school: Child's Name: Current % Attendance Application Authorised or Declined?