

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 and wish to apply for Leave of Absence from school for:							
Child's Full Name:	Date of Birth:	Class:					

Parent/Carer Details (please list all parents)							
First Name:	Surname:						
Date of Birth:	Relationship to the						
	child:						
Address and postcode:							
Telephone number:							
First Name:	Surname:						
Date of Birth:	Relationship to the						
	child:						
Address and postcode:							
Telephone number:							



Siblings: Ple	ase provide the	name	of any si	blings	and t	he school that t	they	attend	
Child's Full N	•			Date	of Bir			chool:	
Details of the absence									
Date of First	t day of Da			Date	ate of last day of				
absence:					abse	sence:			
Total Number	er of days	Ex			Ехре	pected date of			
absent:					retu	turn to school:			
Please provi	de the reason fo	or this	request i	ncludii	ng su _l	pporting eviden	ice:		
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.									
Signed:			Full na	Full name:		Da		te:	
Signed:			Full na	me:				te:	
-	ted by the school	l:				Total muss base C			
Date request received by the						Total number of			
school: Child's Name:			Current %			days requested:		d or Declined	?
Cinia s Name.			Attendance			Application Authorised or Declined?			
	nool's decision:								
Signed Headteacher:						Date:			

