

Form to request leave of absence for exceptional circumstances



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 or other absence for the purpose of leisure and recreation 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 be 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 and will only authorise the minimum amount of time deemed absolutely necessary.

All requests for leave of absence should be made as soon as possible 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	d wish	to apply for Leav	e of	Absence from school for:	
Child's Full Name:		Date of Birth:		Class:		
Parent 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 t child:	he		
Address and postcode:						
Telephone number:						
Siblings: Please prov	ride the name of	any s	iblings and the so	choc	ol that they attend	
Child's Full Name:		Date of Birth:		School:		

Details of t	he absenc	e									
Date of First	st day of			Date abse	of last day once:	of					
Total Numl					ected date of n to school:						
Please provide details of the exceptional circumstances requiring this request for absence, 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 £160 if paid within 28 days but reduced to										
			28 days but ro within 21 days		ed to						
<u> </u>	, рол роло	рана									
Signed:			Full name:			Date:					
Signed:			Full name:			Date:					
To be some	lated by the	a a a b a a l									
To be completed by the school: Date request received by Total number of days											
the school:			requested:								
Child's Name:			Current % Attendance			Application	n Authorised or Declined				
Details of reasons for previous											
absence requests this or last academic year:											
Reason for	school's de	cision:									
Headteacher Signature:					Date:						