Leave of Absence Request Form

Child's Full Name:

Details of the absence

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:

Date of Birth: Class:

Parent/Carer Details (ple	as	e 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: Please provid	de	the name of any siblings ar	nd the	school that th	ey attend
	Birth: and postcode: ne number: me: Birth: Surname: Birth: Relationship to the child: and postcode: ne number: sand postcode: ne number: see Please provide the name of any siblings and the school that they attend				
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:			Expecte school:	ed date of return to		
Please provide the reason	for th	nis request ir	cluding	supporting evidence:		
Please read the following s	staten	nent and sig	n to indic	ate you understand th	ne this:	
I would like to request the all against taking unnecessary detrimental impact on my chissued if this request is denied a fine will be payable per chiff.	absen ild/rer ed and ild, pe	ice during terr i's progress. I d my child is a r parent of £1	n time an understa ıbsent du	d accept that this may he had that a penalty notice ring this period. I unders	nave a may be stand tha	,
Signed:	F	ull name:			Date:	П
Signed:	F	ull name:			Date:	
To be completed by the scho	ol:					
Date request received by the school:				Total number of days requested:		
Child's Name:		Current % Attendance		Application Authorised or Declined?		
Reason for school's decision) :					
Headteacher: Signed:				Date:		
				Dulo.		