



APPLICATION FOR STUDENT LEAVE OF ABSENCE FROM SCHOOL

This form should be used to request **all** absences from school except illness. Supporting documents such as flight details or hospital appointment details should be submitted with this form. Please complete a separate form for each child.

This form **must** be returned in advance of the leave of absence. Absences which are not requested will automatically be **unauthorised**. Your request will be responded to as soon as possible.

Completing this form does not mean that your request will be granted. Leaves of absence which are not authorised in advance by the Head Teacher will be referred to the Education Welfare Officer and may result in you receiving a Fixed Penalty Notice from the Local Authority.

Authorisation for leave of absence will only be granted in **exceptional circumstances**. We will not, as advised by the government, authorise any requests for holiday during term time. When deciding whether to authorise, the school will work in line with government recommendations.

PLEASE NOTE: If the child does not return by the date provided on this form, and we are unable to make contact with you, this can give rise to a serious safeguarding concern. Similarly, if you remove your child from school for a leave of absence without informing us, we have a duty to ensure the child's whereabouts and safety. Failure to communicate with us as to your child's whereabouts could lead to us referring the child to the Local Authority's Children Missing in Education Department for investigation.

Full name of Child/Children

_____	tutor group _____	age _____
_____	tutor group _____	age _____
_____	tutor group _____	age _____

Address:

Requested dates of absence from: _____ **to:** _____ **(inclusive)**

Number of school days: _____ **Date of proposed return to school:** _____

Reason for absence (please give full details): _____

Contact details whilst away: _____

Name & relationship to child: _____ Contact Number: _____

Address whilst away: _____

I make an application to remove my child from school for ____ days during term time. I understand that should this request not be granted by the Headteacher, that all absences during this period will be treated as unauthorised and may result in a Fixed Penalty Notice being issued or referral to the Education Welfare Service, and potentially a summons to Court for non-attendance.

Full name of Parent/Guardian 1 : (please print) _____

Signature of Parent/Guardian 1 : _____ Date: _____

Full name of Parent/Guardian 2 (please print) _____

Signature of Parent/Guardian 2 : _____ Date: _____

THIS SECTION TO BE COMPLETED BY SCHOOL STAFF

LEAVE OF ABSENCE

Dear Parents/Carers,

Thank you for your completed application for leave of absence for (Child/children's name)

Your child's absence has NOT been authorised for _____ days. I must remind you that, according to local legislation, if you decide to take your child away without the authorisation of the Head Teacher, you may receive a fixed penalty notice of £60.00 per child per parent from the LA Education Welfare Service.

Your child's absence has been authorised for _____ days under exceptional circumstances.

Signature: _____

Date: _____

Mr B Laker, Head Teacher

PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE. WHERE POSSIBLE, PLEASE GIVE AT LEAST 14 DAYS NOTICE OF REQUESTED ABSENCE