

APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Important information for parents – please read before completing this form Working together to improve school attendance advises all schools that they should only grant a leave of absence during term time in exceptional circumstances, considering each request on a case-by-case basis. If a leave of absence is granted, it is for the headteacher to determine the length of time the pupil can be away from school. Although we recognise the value and benefits of family holidays, it is unlikely a leave of absence will be granted for a family holiday as the Government 'does not consider a need or desire for a holiday or other absence for the purpose of leisure and recreation to be an exceptional circumstance'.

Requests for leave must be made in advance, otherwise we will be unable to consider your individual circumstances, and the absence will be recorded as unauthorised. Headteachers are not obligated to reconsider authorising leave if an application was not made in advance.

Our aim is for every pupil's attendance to be 100% unless there are exceptional or

unavoidable reasons fo attendance, please con	r absence. If you			with	ensi	uring your child's	
		;	3				
I have read the above in	formation and wi	sh to a	pply for leave	of abs	senc	e from school for:	
Child's Full Name:		Date of Birth:			Class:		
Parent/Carer Details (olease list all pa	rents					
First Name:		Surname:					
Date of Birth:		Relationship child:	Relationship to the hild:				
Address and postcode:							
Telephone number:							
First Name:		Surname:					
Date of Birth:		Relationship to the child:					
Address and postcode:							
Telephone number:							
Siblings: Please prov	ide the name of	any s	siblings and tl	he sc	hoo	I that they attend	
Child's Full Name:		Date of Birth:			School:		
Details of the absence	•						
Date of First day of absence:			Date of last d absence:	ay of			
Total Number of days absent:			Expected date of return to school:				



Please provide the reason for this request including supporting evidence:										
Please read	the following	state	ment and sig	n to	indicate you	understand th	ne this:			
against taking detrimental ir issued if this fine will be pa I have read a	o request the alg g unnecessary mpact on my charequest is denial ayable per pare and understood from school and	abser nild/ren ed, ar ent, pe Norfo	nce during terr n's progress. I nd my child is a er child. olk County Cou	m tii un abs	me and accept derstand that a ent during this il's information	t that this may has penalty notice period. I under	nave a e may be rstand that a			
Signed:			Full name:			Date:				
Signed:			Full name:			Date:				
To be comp	leted by the so	chool				L				
Date reques	t received		Tota		umber of equested:					
Child's Name:						orised or Dec	lined?			
Reason for s decision:	school's									
holiday plea which paren holiday:	t took the									
Headteache	r:									
Signed:				Dat	e:					