



## Leave of Absence Request Form

Leave of Absence may be granted in exceptional circumstance only by the Head Teacher. If you feel that your request for your child's absence fits these criteria, please complete the form below (one per child) and return to Mrs Chappell. Please note this should be done at least two weeks in advance.

<b>Pupil name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Class</b>		
<b>Date of first day of absence</b>		AM or PM
<b>Date of return to school</b>		AM or PM
<b>Number of school days that your child will be absent from school</b>		

Time lost by children and young people due leave in term time can be disruptive to their education. Wherever possible, absence from school should be avoided as it can have a serious effect on your child's educational progress and can create difficulties for them on their return to school.

From September 2024 new guidance came into place which removes the ability for parents to take their child out of school for an authorised term time holiday. There are new codes for the school register which make it clearer as to the reason for the absence. The registers are legal documents and school must use the codes correctly.

Please select:

- G – Unauthorised Term Time Holiday
- C – Leave of absence for Exceptional circumstance
- J1 – Leave of absence for attending an interview, employment, or an education establishment
- P – Approved sporting activity
- R – Religious observance

Please detail the reason for requesting a leave of absence:

.....  
.....  
.....  
.....

***I understand that if the absence request is unauthorised, the Local Authority may be notified and a penalty notice may be issued. I understand that a Penalty is issued to each parent for each child taken out of school. A penalty notice is charged at £160 if paid within 28 days. There is usually the opportunity to pay a reduced amount of £80 if paid within 21 days. I also understand that failure to pay a penalty notice will result in prosecution, except in limited circumstances.***

Name(s) of Parent/Carer(s) making application (please include all)

Dr/Mr/Mrs/ Ms Forename..... Surname .....

Dr/Mr/Mrs/ Ms Forename..... Surname .....

Signed .....

Dated .....

(Please ensure you are giving at least 14 days’ notice of the proposed absence; retrospective applications cannot be authorised)