

**LEAVE OF ABSENCE APPLICATION FORM**

It is a legal requirement for parents/carers to obtain the permission of the Headteacher before removing their child from school to take **any** leave in term time. Parents **do not** have an automatic right to take their children out of school for leave during term time and may be issued with a Penalty Notice (£120 per parent per child) if they do so without prior arrangement with the Headteacher. **The legislation only allows the Headteacher to authorise such leave in exceptional circumstances**.

To apply for a child to be granted leave from school parents should **complete this form and return it to school for consideration well in advance of the proposed leave and before committing to any expense**. Upon receipt of a request the Headteacher will decide as to whether to authorise the absence, being mindful of government regulations and LA guidance. **It is important that, if you believe exceptional circumstances apply, you provide this information to school at the time of submitting this request**. Information submitted later will not be considered. By definition, exceptional trips should not occur regularly.

Where school have concerns about the leave request, the Headteacher or their representative will arrange to meet with you to discuss your application. Please see overleaf for factors that may be taken into account by school when considering a request for leave. **Leave requests should be made in advanced at least 3 weeks before the intended leave of absence.**

**PARENTS’ SECTION (NB application must come from the parent with whom the child normally resides)** (Please attach additional sheets if necessary)

Surname of child: First name of child:

Date of Birth: Year Group:

Surname of parent/carer: First name:

Relationship to child: Are there any siblings applying for leave? If so, how old are they and what school do they attend?

Home address:

Postcode: Telephone number:

Please provide information regarding the exceptional

circumstances supporting

this application for leave. (additional documents can be attached):

Length of absence : (number of school days)

Destination

(if applicable):

Date of departure: Date due back in school:

Date the holiday was booked: Emergency UK telephone

contact name and number

Employer Details Name, Address and Contact number:

(if you are stating work commitments as an exceptional reason for requesting leave, please complete this section and attach any evidence you have showing why leave cannot be taken during school holidays)

**Parent/carer of residence's signature**: **Date**

I confirm that I have included any relevant information for consideration (Y/N):

**ADDITIONAL FACTORS FOR CONSIDERATION**

Pupils attend school for a maximum of 190 days each academic year. Regular attendance (98%) is vital for your child's educational progress. The Local Authority expects that all parents/carers ensure their children attend school whenever possible. Absence during school time is largely prohibited by regulation and hinders academic progress. Even in exceptional circumstances, the following factors may be taken into account when considering an application for leave:

* Will leave now be detrimental to the pupil's education?
* Will he/she miss any national tests or examinations?
* Will he/she miss any school activities that may affect the progress
* Is his/her current attendance above the 98% attendance target?
* Is his/her attendance a cause for concern this year? (Also considering previous years)
* Is the proposed absence during the month of September or any other transition period?
* Has he/she already had leave during term time this year?
* Did he/she have leave of absence during term time in the previous school year(s)?
* Does he/she have any absences which have been recorded as unauthorised this year or in previous years?

**SCHOOL SECTION:**

Date application received Pupil's % Attendance Last Year’s % Attendance

**Name of Parent/Guardian 1**

Date of telephone call/meeting with Parent/Guardian 1

**Name of Parent/Guardian 2**

Date of telephone call/meeting with Parent/Guardian 2

|  |  |  |
| --- | --- | --- |
| Leave request approved? | **Yes** | **No** |
| Parent(s) informed of potential consequences of taking unauthorised leave | **Yes** | **No** |
| How many days leave have been requested? |  |
| Parent(s) informed of potential consequences of failure to return on due date? | **Yes** | **No** |

About the request: (Please circle)

Reason(s) for decision:

**Headteacher's signature: Date:**