## **APPLICATION FORM**

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## **Leave of Absence during Term Time**

In September 2013 there was an amendment to the Education (Pupil Registration) (England) Regulations 2006 which prohibited the Headteacher of a school granting leave of absence for a pupil except where an *application is made in advance* and the Headteacher considers there are *exceptional circumstances* relating to the request. If a Headteacher authorises a leave of absence request, it will be his/her decision to determine the length of time that the child can be away from school.

Should you wish to make a request, which <u>must</u> be made prior to the proposed leave; please complete the application below providing any additional evidence in support of the exceptional circumstances, together with details of why the leave cannot be taken during any school holiday period. Each request will be considered based on the information provided. Leave of absence is not an entitlement and will not be granted for the sole purpose of a family holiday

1. To be completed by the parent or carer with whom the child normally resides						
School Name						
Name of Pupil				Class		
Address						
Dates Requested	From: (1st date of proposed absence)  To: (last date of absence)  Total School Date of absence)				Total School Days	
Supporting Information and the reason for the leave of absence request						
Please <b>do not</b> make any arrangements until you have confirmed with the school that the leave of absence is granted						
2. Please pro	ovide det	ails of any other s	blings. A se	parate application	on form will be requi	red for each child
Child Name			School			
Child Name			School	School		
3. I confirm t	hat I am	the parent or care	r with whom	the child listed	d in section 1 resid	les
Signed:			Please F	Please Print Name:		
Date:			Relation	Relationship to child		
For School Use Only: Date Application Received:						

## School Response to Application for Leave of Absence during Term Time



Details of Application (To be completed by the School)					
Name of Pupil					
Address					
Name of person requesting the leave of absence and their relationship to the child					
Dates Requested	From: (1st date of propose	d absence) To: (last date of absence)	Total School Days		
Decision following considerate	ion of Application				
Decision following consideration of Application  I have considered your application for leave of absence based on the information provided and my decision is confirmed below:					
Authorised Absence	Please tick as appropriate	Unauthorised Absence Please	tick as appropriate		
On this occasion I am <u>able</u> to au absence as I feel that the reasor exceptional. The absence will be school register as authorised.	ns provided are	On this occasion I am <u>unable</u> to authorise the leave of absence as I do not consider the reason provided to be exceptional. Should you go ahead with the proposed leave, the absence will be recorded as unauthorised on the school register.			
Signed:		Signed:			
Printed:		Printed:			
Position		Position:			

If the leave of absence has not been authorised by the Headteacher the information will be submitted to the Education Inclusion Service who may issue a Penalty Notice or take other legal intervention if there are 10 or more consecutive or non-consecutive unauthorised absence sessions (5 days). Penalty Notices were introduced as an alternative to prosecution but if they fail to act as a future deterrent, prosecution may be considered, rather than a further Penalty.

- If paid within 21 days the Penalty Notice is £60 per parent or carer, per child
- If paid after 21 days but within 28 days the Penalty Notice increases to £120 per parent or carer, per child
- If the Penalty Notice remains unpaid after 28 days this will result in prosecution

For School Use Only:	
	Date Returned to Applicant:
A copy MUST be retained	
by the school	