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| **REQUEST FOR LEAVE OF ABSENCE**  |
| * **2 week’s leave of absence in term time reduces your child’s attendance to 95% over a year.**
* **This reduces your child’s attendance to below the National average.**
* **It equates to your child missing a half day per fortnight of their education.**
* **Pupils are only in school for 190 days each year.**
* **There are 175 other days for holidays and other activities.**
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| **How to use this Form:** |
| Use for all absences other than sickness absence.Return to the school at least **four weeks** before the date of requested absence.Use a separate absence form for each absence and for each child. |
| **Guidance:** |
| Head Teacher/Principal may not grant any leave of absence during school term time unless there are **exceptional circumstances**, please refer to ;<http://www.education.gov.uk/schools/pupilsupport/behaviour/attendance/a00223868/regulations-amendments> |
| **Parent/Guardian to complete this section:** |
| Name of child: | Class: | Year Group: |
| Is this the 1st request for absence this academic year?  | Yes 🞏 No 🞏 |
| Has a Leave of Absence been requested in previous years? | Yes 🞏 Please state which Academic YearNo 🞏 |
| Dates requested: From:  To: | No of school days requested: |
| Please indicate any other school to which you are applying:Name of Pupil:  |  |
| Reason for request:Please ensure you have read the information overleaf before signing the form. |
| Country of Destination  |
| Mother’s Name (Please Print).……………………….........................Signed: ………………………………Date:…………. | Father’s Name (Please Print)……………………………………………Signed: ………………………………….Date:…………\_ |
| **School Office to complete this section:** |
| Attendance Percentage for last academic year 2020/21 |  |
| Current Attendance Percentage: |  |
| **Head Teacher to complete this section:** |
| Your request is **approved:**  | Yes 🞏 No 🞏 |
| Reason: |
| Your request is **not approved**. If the pupil is absent as proposed above it will be unauthorised for the following reason: | Refer for Penalty Notice Yes 🞏 No 🞏 |
| Reason: |
| Signed: | Date: |

**Evidence of exceptional circumstances is required when submitting a leave of absence request.**