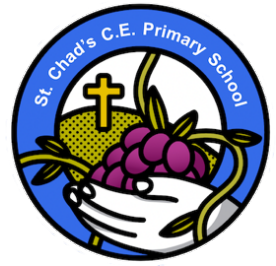


**APPLICATION FOR LEAVE OF ABSENCE IN
EXCEPTIONAL CIRCUMSTANCES
DURING TERM TIME**



***Exceptional is defined as an unavoidable circumstance outside of your control where you have no alternative.
Evidence MUST be provided.**

This form should be completed in advance of the proposed period of absence.

I wish to apply for leave of absence from school for my child:

Name of Child: _____ Class: _____

Address: _____

First day of leave requested: _____ Returning to school on: _____

Number of school days requested: _____ Destination / Country: _____

PLEASE PROVIDE ANY SUPPORTING EVIDENCE ALONG WITH THIS APPLICATION. EG: TRAVEL DOCUMENTS

Reason for request:

SIGNATURE 1: _____ (PARENT/CARER) DATE: _____

SIGNATURE 2: _____ (PARENT/CARER) DATE: _____

Parents will receive a letter of response.

90% ATTENDANCE EQUALS HALF A SCHOOL DAY MISSED EACH WEEK. IN ONE SCHOOL YEAR THAT WOULD MEAN THE LOSS OF FOUR WEEKS OF CLASS.

SCHOOL IS OPEN FOR 195 DAYS A YEAR – THIS LEAVES 170 DAYS FOR LEISURE TIME.

Unauthorised leave in term time may result in a Fixed Penalty Notice being issued by the Local Authority. Non-Payment of the Penalty Notice results in automatic prosecution in the Magistrates Court.

We are asking for your support by not taking leave during term time.

FOR SCHOOL USE ONLY:

Current Attendance	No. of days already taken this academic year
Authorised / Unauthorised	PN to be issued Yes / No
Signed (Headteacher)	Dated
Date notification sent to parent/carer	Recorded on MIS system by