**Request for Exceptional Leave of Absence during Term Time**

**PLEASE NOTE:**

To be completed and returned to the school **5 full school days prior to the leave**.

Taking your child out of school during term time could be detrimental to your child’s educational progress. There is no entitlement to parents to take their child out of school during term time, however, you may apply to the school for leave of absence if you believe there are exceptional circumstances**.**

**Time off school during term-time for holidays will not be authorised.**

Should leave be taken without the consent of the headteacher you may be issued with a penalty notice.

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| **Name of child/children:** | **Class/es:** | |
| **Parent/carers\***  **Title: \_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Full address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*This is defined as any adult with legal parental responsibility for a child. If another parent also has parental responsibility for your child then it is your responsibility to ensure that they agree with this request. | | |
| **Is this the first request for absence this academic year?** YES / NO  (NB. not including sickness absence) | | |
| **Dates of absence requested:**  **The 1st day of absence from school is………………………………**  **they will return to school on……………………………. at the start of the school day** | | **No. of school days requested:** |
| **Please explain in more detail – we need to understand why this leave of absence is exceptional. Please include details of exactly where you will be. Please continue onto a separate page if needed** | | |

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| **Please provide the details of all siblings that attend any other school** | | |
| **Name of sibling** | | **Name of school** |
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| **Contact details whilst absent from school**  This information is requested for safeguarding purposes. If we already hold a mobile number and email address for you that you will be using whilst your child/children are absent from school, then you do not need to complete this section. | | |
| **Telephone number:** |  | |
| **Email address:** |  | |
| **I make application for my child to have authorised absence from school. I understand that if this is not agreed then any subsequent absence will be treated as unauthorised and this could lead to a penalty notice.** | | |
| **I have read and understood the guidance above.**    **Parent/carers\***  **Title: \_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**  \*This is defined as any adult with legal parental responsibility for a child. If another parent also has parental responsibility for your child then it is your responsibility to ensure that they agree with this request. | | |
| **For school to complete** | | |
| * Child’s current attendance has been checked: Yes/No * Is the Education Welfare Officer working with the family? Yes/No * Are Children’s Services supporting the family? Yes/No * Is the request for leave during an exam or assessment period? Yes/No * Has the parent / carer confirmed where the child will be during absence? Yes/No * Does the request fit the exceptional criteria? Yes/No | | |
| **This request for term time leave is:** | | **Authorised / Unauthorised**. |
| **Reason for decision:** | | |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Headteacher Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

This form should be completed by the school and a copy should be returned to the parent/ carer.