

APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Important information for parents – please read before completing this form

Working together to improve school attendance advises all schools that they should only grant a leave of absence during term time in exceptional circumstances, considering each request on a case-by-case basis. If a leave of absence is granted, it is for the headteacher to determine the length of time the pupil can be away from school. Although we recognise the value and benefits of family holidays, it is unlikely a leave of absence will be granted for a family holiday as the Government 'does not consider a need or desire for a holiday or other absence for the purpose of leisure and recreation to be an exceptional circumstance'.

Requests for leave must be made in advance, otherwise we will be unable to consider your individual circumstances and the absence will be recorded as unauthorised. Headteachers are not obligated to reconsider authorising leave if an application was not made in advance. Please submit an absence request and you will be asked to meet with a member of the leadership team to discuss.

Our aim is for every pupil's attendance to be 100% unless there are exceptional or unavoidable reasons for absence. If you require any support with ensuring your child's attendance, please contact Becky Stolworthy, Deputy Head on 01603 425515.

have read the above information and wish to apply for leave of absence from school for:

Child's Full Name:		Date of Birth:		Class:						
Parent/Carer Details (please list all parents)										
First Name:			Surname:							
Date of Birth:			Relationship to the child:	ne						
Address and										
postcode:										
Telephone number:										
First Name:			Surname:							
Date of Birth:			Relationship to the child:							
Address and postcode:										
Telephone number:										
Siblings: Please provi	de the name of	any s	siblings and the so	hoo	ol that they attend					
Child's Full Name:		Date of Birth:		School:						
Details of the absence										
Date of First day of			Date of last day of absence:							

Total Numbe absent:	er of days			xpected date of eturn to school:		
Please prov	ide the reas	on for t	his request in	cluding suppor	ting evidence:	
Please read	the followin	ng state	ment and sign	n to indicate you	ı understand t	he this:
I would like to	o request the	above	absence. I und	lerstand that the	school strongly	advises against taking
child/ren's pr	ogress. I und	derstand	l that a penalty		ssued if this req	ental impact on my uest is denied, and my child per child.
	and understo	od Norfo	olk County Cou	. ,		alty notices for absence
Signed:			Full name:		Date:	
Signed:			Full name:		Date:	
To be comp		school		l	T	
				I number of requested:		
Child's Name: Application Authorised or Declined?						
Reason for s	achaelia					
decision:						
In the case on the case of the	se confirm	ne				
Headteache	r:					
Signed:				Date:		