Aberford Church of England Primary School

School Lane, Aberford, Leeds, LS25 3BU

Tel: 0113 281 3302

Website: www.aberfordprimaryschool.co.uk

Headteacher – Nicola Crossley

**Leave of Absence Request**

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| **SCHOOL:** | | | | | **DATE OF REQUEST:** | |  |
| **First Name** | **Surname** | | | | **Date of Birth** | | **Class** |
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| **Leaving date:** |  | | | | **Date due back in school:** | |  |
| **Length of absence applied for (number of school days only):** | | | | | | | **days** |
|  | | | | | | | |
| **Siblings in other schools:** **Please note this request information will be shared with the attendance lead in the school in which the sibling/s attend** | **First Name** | | | | **Surname** | | **School** |
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| **Contact Details** | | | | | | | |
| **Parents:**  **(eg. Mother, Father, Grandparent, Carer):** | | **First name:**    **Surname:** | | | | **First name:**    **Surname:** | |
|  | | **Address:**        **Postcode:** | | | | **Address:**        **Postcode:** | |
|  | | **Email:**    **Home phone number:**    **Mobile:**    **Alternative number while away:** | | | | **Email:**    **Home phone number:**    **Mobile:**    **Alternative number while away:** | |
|  | | | | | | | |
| **Reason for absence including full explanation (use a separate sheet of paper if necessary)**  The exceptional circumstances are… | | | | | | | |
| **Point of departure (eg. Airport, Coach, Train Station etc.):** | | | | **Destination:** | | | |
| **Time of departure:** | | | | **Flight numbers and name of airline:** | | | |
| **Emergency Contact Details (preferably someone who is staying in Leeds):**    **First Name:**    **Surname:**    **Address:**    **Postcode:**    **Relationship to the child:**    **Contact Number:** | | | **\*Provide copies of travel plans to support your**  **request.\***  If child is not leaving with parent(s) who is accompanying them?    Who will be caring/responsible for the child?    Why is/are the parent(s) not leaving with the child?    Name:  Relationship to child:  Address: Postcode : | | | | |

**Statutory Declaration**

***Legal responsibility***

***As a parent/guardian I understand all children aged between 5 and 16 are required by law to receive an education, and under the provisions of the Education Act 1996, it is my responsibility as a parent to ensure the regular school attendance of my children and that failure to do so could result in legal proceedings being taken by the Local Education Authority.***

*I understand that requests for leave can only be granted by schools if there are* ***exceptional circumstances****, and* ***holidays are not considered exceptional****. They must also be made to the school in advance, as the* ***Department for Education*** *has told schools that they cannot authorise any absences after they have been taken.*

***Fines***

*I understand if my request is unauthorised I am most likely to be fined,* ***£60 per parent, £60 per child*** *(for example a family of 4 with 2 parents and 2 children will be fined a total of £240).*

*Once the penalty notice is issued, I have* ***21 days in which to pay the fine****. If I fail to pay in that time period, the fine* ***will double*** *and I then have* ***another seven days in which to pay****, taking the total time in which to make payment to 28 days.*

***If I fail to make payment after 28 days*** *then the local authority has the power to prosecute me in the magistrate’s court for the offence of failing to ensure my child attends school regularly. A guilty verdict at court* ***can lead to a fine of up to £1000, and a criminal record which can affect employment opportunities.***

***School places***

*I am aware that a* ***referral will made to the Local Authority Children Missing from Education Team (CME) if my request is unauthorised and my child hasn’t returned to school on the agreed date****. This can result in my child* ***losing their school place****.*

*I am also aware that there is a shortage of places in the area, so if my child loses their school place it could result in having to travel to a school out of area or my child without a school, being a detriment to their education and causing implications to my own employment.*

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| **Parent’s Full Name:** | | **Parent’s Signature:** | | | | **Date:** | | |
| **Parent’s Full Name:** | | **Parent’s Signature:** | | | | **Date:** | | |
| **School Section**  **Any previous request** Yes □ No □ | | **Is the requested absence during exams** Yes □ No □ | | | | |
| **Reason for refusal/Comments** | | | | | | |
| **Authorised** □ | | **Approved** |  | **for School days** | |  |
| **Unauthorised** □ | | **Not approved** |  | **for School days** | |  |
| **Headteacher’s Signature** | |  | | | | |