**APPLICATION FOR LEAVE OF ABSENCE**

As a Parent/Carer with whom the child lives, you should complete this form if you are requesting leave of absence during term time. There is **NO** entitlement to leave in term time and Parents/Carers should not expect leave of absence to be granted as a right. Approval is discretionary and only in exceptional circumstances. It is possible in certain circumstances that your child could be removed from the school roll and you would need to reapply for a place on your return. Parents are aware they have signed a home/school agreement when their child joined the school, confirming they would not take their child out of school during term time.

Parents should also be aware that staff are not required to provide alternative programmes of work, or to make alternative arrangements for the sitting of exams/tests for students who are absent from school through choice. Leave will not be granted if requested in exam years or at the start of any school year i.e. September.

**We are asked to WARN you that if you take your child out of school without authorisation, the Local Authority has the power to issue a Fixed-Penalty Notice of £80, rising to £160 if not paid within 21 days (Anti-Social Behaviour Act 2004). Extended unauthorised absences may put your child’s place at this school at risk.**

Please email the completed form to [office@adalovelace.org.uk](mailto:office@adalovelace.org.uk)**no less than 4 (four) weeks before** the date when you want the period of absence to start.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Student:** | | | | | **Tutor Group:** | |
| **Address:** | | | | | | |
| **Telephone Number:** | | **Name of Parent/Carer:** | | | | |
| **Destination:** | | | | | | |
| **Reason for Applying for Leave of Absence:** | | | | | | |
| **Proposed Date of Departure:** | | | | **Return Date:** | | |
| **Total Number of School Day Absences Applied For:** | | | | | | |
| **Address/es where pupil/s will be staying during absence:** | | | | | | |
| **Name and contact details of person responsible for pupil’s care during absence:** | | | | | | |
| **Weekly contact during absence is required for leave to be considered. This is a standard safeguarding requirement. The staff member assigned to make contact must be able to see or speak to both the child/ren and the adult responsible for their care. Do you agree to this?** | | | **Yes ☐ No ☐** | | | |
| **Day/s and time/s preferred for contact** | | |  | | |  |
| **Travel documents provided** | **Yes ☐ No ☐** | | **Supporting evidence provided** | | | **Yes ☐ No ☐** |
| **Signature of Parent/Carer** |  | | | | | |
| **Date:** |  | | | | | |

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| --- | --- |
| **FOR OFFICE USE ONLY** | |
| **Received on:** | **Current attendance**: |
|  |  |
| **No. of days of exceptional leave taken in this or previous academic year/s:** |  |
| **No. of unauthorised absence in this or previous academic year/s:** |  |
| **Have return tickets been booked and seen by school?** |  |
| **Does leave coincide with significant academic or exam period?** |  |
| **Mitigating circumstances (including any ongoing issues)** |  |
| **Aggravating circumstances (including any ongoing issues)** |  |
| **Authorised/Unauthorised**: |  |
| **Signed Deputy Headteacher**: | **Date**: |

**Contact schedule:**

|  |  |
| --- | --- |
| **Monday** |  |
| **Tuesday** |  |
| **Wednesday** |  |
| **Thursday** |  |
| **Friday** |  |
| **Contact will be made at:** | \_\_:\_\_ am/pm |
| **Is absence authorised?** | Yes  No |
| **Period of absence authorised - Start date of authorised absence** |  |
| **Date pupil is required to return to school** |  |
| **Register code to be used for this absence:** | G – unauthorised holiday  C – authorised absence  O – unauthorised absence |