**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. Leave of absence for holidays is no longer permissible under government guidance (November 2013). 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 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. Normally a student would not be granted more than 10 days of absence in any academic year. Leave will not be granted if requested in exam years or at the start of any school year i.e. September.

**The school has to warn parents that if you do take unauthorised leave of absence, then you will be liable to a fixed penalty fine issued on our behalf by the local authority**

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:** | | | | |
| **Signature of Parent/Carer** | | | | **Date:** |

**For Office Use**

**Signed Attendance Officer: ……………………………………………………………………………………………**

**Signed Head of Year: ........................................................................................................................................**

**To be Completed by The Headteacher**

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| **Your request for leave of absence for your child ..........................................................................**  **(Tutor group ) between the dates: - ...................................... and ......................................**  **( number of school days) is authorised/not authorised.**  **Your child will be expected to return to school no later than** .................................................. **at 8.00am.**  **Signed:** ................................................... **Headteacher**  **Date:** .......................................... |