

Schools Attendance Support Service Leave of Absence Request

Before completing this form, please read the Leave of Absence Request – Guidance Notes : Section 1 for Parent/Carers

Section A: Stu	dent's C	Details									
ALL SECTIONS MUST BE FULLY COMPLETED - ONE APPLICATION PER STUDENT											
School:											
Student's Name:			Date of	Birth	/		/				
Student's Address:					Telephone No.						
					Mobile Tel No.						
				Post Co	ode						
Section B: Rea	ison for	Leave of Absence		1							
I would like to request a	a Leave of <i>i</i>	Absence for the above-named studen	t:								
First date of Absence fr	rom	/ /	iool on		/	/					
		Leave of Absence if they consider that t all the details and information you wo									
Section C: Add	litional	Parent/Carer(s) with Paren	tal Responsi	bilitv							
		th and address details of every ADDITION			Responsibi	ility and/or ca	are of	your child.			
Parent/Carer FULL NAME	Mr/Mrs/Ms/I	s/Miss (delete as appropriate)			h	/		/			
Address											
(if different from student's home address)											
			Po	ost Code							
Relationship to student					I						
Parent/Carer FULL NAME	Mr/Mrs/Ms/	Miss (delete as appropriate)	Da	ate of Birtl	n	/		/			
Address			I		I						
(if different from student's home address)											
			Po	ost Code							
Relationship to student											

By signing this application, I understand and agree the following:

- 1. That I have read the Leave of Absence Request Guidance Notes and that if I take my child on an Unauthorised Leave of Absence the school can request that I and any other Parents/Carers of my child are issued with a Penalty Notice (a fine of up to £120 in respect of each child and each Parent/Carer) and/or be subject to further legal proceedings in the Magistrates Court).
- 2. That I am a Parent/Carer with whom the student 'normally resides'.
- 3. That I understand it is the Head teacher's decision as to what is and what is not an "exceptional circumstance" and I should discuss any questions I have regarding the decision made by the Head Teacher prior to the absence starting.

Parent/Carer Applicant PRINT NAME	Mr/Mrs/Ms/Miss (dele	ete as appropriate	e)		Date of Birth	/	/			
Parent/Carer Applicant SIGNATURE				Date of Application		/	/			
For School Use O	NLY									
Request form Received	Date	/ /		ed as complete of school staff:		Y/N				
Information corresponds wi school records & Data collection sheet included	Y/N	Head te	eacher's review	Date	/	/				
Outcome: Agreed / Declin	/ /		nt / relevant addi advised of outcor		/	1				
How applicant was advised of outcome. School staff may need to provide evidence of the above should Court proceedings follow.										
Letter(s) to Parent/Carer(s)										
Email(s) to Parent/Carer(s)										
Telephone call(s) to Parent/Carer(s)										
Text Message(s) to Parent/Carer(s)										
School Comms (e.g. internal messaging system)										
Face to face meeting(s) with Parent/Carer(s)										
School's Request for Penalty Notice										
I have read the Leave of Absence Request Guidance. I understand that I am requesting a Penalty Notice and that this cannot be withdrawn once issued, other than in the circumstances detailed in the said Guidance.										
Agreed by Head teacher Da			/	/						
Referral to Schools Attendan	Date	/	/							
Referrer Name										
Position in School										
Have you attached a copy o Summary/Certificate	Yes									
Have you attached a copy of	Vee									

A Leave of Absence referral can be accepted when you use MOVEit together with a <u>fully completed</u> Leave of Absence Request form, a copy of the school's decline letter to parents/carers (or confirm agreement to provide a Section 9 Witness Statement) and the student's Attendance Summary/Certificate and Data Collection Sheet.

Yes

Yes

Collection Sheet

Parent/Carer(s)?

Have you attached a copy of the decline letter sent to

Please send your completed form via MOVEit T3335595_AS_SCHOOLNAMELOA-CHILDINITIALS