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|           |
| BLACKBURN |
| DARWEN    |

| UPN |  |
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Inclusion and Place Planning Team

## **APPLICATION FOR DISCRETIONARY LEAVE OF ABSENCE**

| Name of School   |                     |            |            |                 |                |                       | _                 | DtE N      | Num      | iber     |                              |        |         |         |       | -  |
|--|---------------------|------------|------------|-----------------|----------------|-----------------------|-------------------|------------|----------|----------|------------------------------|--------|---------|---------|-------|----|
| If you wish to request d<br>soon as possible <u>and in</u><br>children out of school d       | advance             | of makin   | ng any tra | vel arrangeme   | <u>nts.</u> Pl | ease no               | te tha            | t there is |          |          |                              |        |         |         |       | s  |
| If you do take your child likely to be issued with notice, the amount is £6 days. Thank you. | a Penalt            | y Notice ( | under Sec  | tion 444 of the | e Educa        | ation Ac              | t 1996            | . If paym  | ent i    | s made v | vithin 21                    | days o | f recei | iving a | penal | ty |
| EVERY SCHOOL DAY COUNTS, AND EVERY DAY IS IMPORTANT  |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Child's First Name   |                     | Child's Su | urname     |                 | В.             |                       |                   |            | ar Group |          | Gender                       |        |         |         |       |    |
|  |                     |            |            |                 |                |                       |                   |            |          |          |                              | Male   |         | Fema    | le 🗆  | ]  |
| Parent (s) / Carer (s)   |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| First Name   |                     |            |            |                 |                | First Name            |                   |            |          |          |                              |        |         |         |       |    |
| Surname  |                     |            |            |                 |                | Surname               |                   |            |          |          |                              |        |         |         |       |    |
| Relationship to Child  |                     |            |            |                 |                | Relationship to Child |                   |            |          |          |                              |        |         |         |       |    |
| Address  |                     |            |            |                 |                | Address               |                   |            |          |          |                              |        |         |         |       |    |
| Contact Telephone  |                     |            |            |                 |                | Conta                 | Contact Telephone |            |          |          |                              |        |         |         |       |    |
| Email Address  |                     |            |            |                 |                | Email                 | Email Address     |            |          |          |                              |        |         |         |       |    |
| Request Details  |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Reason for Request   |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Destination (City & Country)   |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Date of Departure  | Date due back in Sc |            |            |                 | nool           |                       |                   |            |          |          | Number of missed school days |        |         |         |       |    |
| Emergency contact in Blackburn with Darwen (inc. contact number)                             |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Parent/Carer's Signatur  | ·e                  |            |            |                 |                |                       | Date              | Request    | mad      | le       |                              |        |         |         |       |    |
| School Section   |                     |            |            |                 |                |                       |                   |            |          |          |                              |        |         |         |       |    |
| Date of meeting/conver   | Leave Authorised    |            |            |                 |                |                       |                   |            | Ye       | s [      | □ N                          | o 🗆    |         |         |       |    |
| Exceptional circumstan   | ces consi           | idered     |            |                 |                | •                     |                   | ,          |          |          |                              |        |         |         |       |    |
| Head teacher's/Principa  |                     |            |            |                 |                |                       | Da                | te         |          |          |                              |        |         |         |       |    |