**APPLICATION BY PARENT/CARER FOR CHILD’S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME**

If in exceptional circumstances you require your child to be absent in term time, please complete this form and return it to the school at least 28 days before the date you wish to remove your child from school.

|  |  |  |
| --- | --- | --- |
| **Pupil Name** | **DOB** | **Class** |
| **Today’s Date** | **Home Address** | **Reason for absence** |
| **First day of absence** | **Date of return to school** | **Number of days req.** |

**Please attach a letter in writing outlining why your child is off school during term time plus a copy of your holiday booking confirmation or other relevant information to support your application i.e. Hospital Appointment Letter.**

*I understand that if the absence request is unauthorised Education welfare will be notified of the holiday taken and a Penalty Notice may be issued. I understand that a Penalty is issued to each parent for each child taken out of school i.e £60 per parent per child, so for a family of four the fine would be £240. I understand that if I do not pay this it may result in legal action. Please refer to the Department of Education website* [*www.education.gov.uk*](http://www.education.gov.uk) *or Staffordshire County Council website* [*www.staffordshire.gov.uk*](http://www.staffordshire.gov.uk) *for further information.*

**Name of Parent/Carer making application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please ensure you are giving at least 28 days’ notice of the proposed absence)

(NB – if you proceed to take the requested dates this may result in a Penalty Notice being issued)

**NB. FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Pupil Name** | **Class** |  |
| **Total number of absences taken so far in academic school year** | **Total number of absences taken so far in academic school year** | **Possible attendances so far in academic year** |
| **No. of lates** | **No. of unauthorised absences so far** |  |

🞎 AUTHORISED:

**Your request has been authorised for the following dates:**

\_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ Number of days

🞎 UNAUTHORISED:

**Your request for a leave of absence during term time has not been authorised because:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mr Stuart Taylor – Head of School**

**Date**: