West Lynn Primary School Leave of Absence Request Form



APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Important information for parents – please read before completing this form

Working together to improve school attendance advises all schools that they should only grant a leave of absence during term time in exceptional circumstances, considering each request on a case-by-case basis. If a leave of absence is granted, it is for the headteacher to determine the length of time the pupil can be away from school. Although we recognise the value and benefits of family holidays, it is unlikely a leave of absence will be granted for a family holiday as the Government 'does not consider a need or desire for a holiday or other absence for the purpose of leisure and recreation to be an exceptional circumstance'.

Requests for leave must be made in advance, otherwise we will be unable to consider your individual circumstances and the absence will be recorded as unauthorised. Headteachers are not obligated to reconsider authorising leave if an application was not made in advance.

Our aim is for every pupil's attendance to be 100% unless there are exceptional or unavoidable reasons for absence. If you require any support with ensuring your child's attendance, please contact Gail Scott, attendance officer on 01553 772330.

I have read the above information and wish to apply for leave of absence from school for:										
Child's Full Name:		Date of Birth:			ss:					
Parent/Carer Details (please list all parents)										
First Name:			Surname:							
Date of Birth:			Relationship to the child:							
Address and										
postcode:										
Telephone number:										
First Name:			Surname:							
Date of Birth:			Relationship to the child:							
Address and										
postcode:										
Telephone number:										
Siblings: Please provide the name of any siblings and the school that they attend										
Child's Full Name:		Da	te of Birth:	Cla	ss:					
Details of the absence										
Date of First day of absence:		D	ate of last day of absence:							
Total Number of days absent:		E	xpected date of return to scho							

West Lynn Primary School Leave of Absence Request Form



Please provide the reason for this request including supporting evidence:									
Please read the following statement and sign to indicate you understand this:									
I would like to request the above absence. I understand that the school strongly advises against taking									
unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren's progress. I understand that a penalty notice may be issued if this request is denied, and my child is absent									
during this period. I understand that a fine will be payable per parent, per child.									
I have read and understood Norfolk County Council's information regarding penalty notices for absence from									
school and	d the action they m	iay take.							
Signed:			Full name:			Date:			
Oigilea.			T dil fidillo.			Duto.			
Signed:			Full name:			Date:			
	npleted by the sc lest received by	hool:		Total number of	of days	_			
the school				Total number of requested:	n uays				
Child's Name:			Application Authorised or Declined?						
	or school's								
decision:									
In the cas	se of a term time I	lease							
confirm which parent took the holiday:									
Headteac	her:								
Signed:					Date:				