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| **REQUEST FOR LEAVE OF ABSENCE** | | | | |
| * **2 week’s leave of absence in term time reduces your child’s attendance to 95% over a year.** * **This reduces your child’s attendance to below the National average.** * **It equates to your child missing a half day per fortnight of their education.** * **Pupils are only in school for 190 days each year.** * **There are 175 other days for holidays and other activities.** | | | | |
| **How to use this Form:** | | | | |
| Use for all absences other than sickness absence.  Return to the school at least **four weeks** before the date of requested absence.  Use a separate absence form for each absence and for each child. | | | | |
| **Guidance:** | | | | |
| Head Teacher/Principal may not grant any leave of absence during school term time unless there are **exceptional circumstances**, please refer to ;  [School attendance guidance May 2022 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1076127/School_attendance_guidance_May-2022_.pdf) | | | | |
| **Parent/Guardian to complete this section:** | | | | |
| Name of child: | | Class: | | Year Group: |
| Is this the 1st request for absence this academic year? | | Yes 🞏 No 🞏 | | |
| Has a Leave of Absence been requested in previous years? | | Yes 🞏  Please state which Academic Year  No 🞏 | | |
| Dates requested: From:  To: | | No of school days requested: | | |
| Please indicate any other school to which you are applying:  Name of Pupil: | |  | | |
| Reason for request:  Please ensure you have read the information overleaf before signing the form. | | | | |
| Parent / Carer’s Name  (Please Print).……………………….........................  Signed: ………………………………Date:…………. | Parent / Carer’s Name  (Please Print)……………………………………………  Signed: ………………………………….Date:…………\_ | | | |
| **School Office to complete this section:** | | | | |
| Attendance Percentage for last academic year 2021/22 | | |  | |
| Current Attendance Percentage: | | |  | |
| **Head Teacher to complete this section:** | | | | |
| Your request is **approved:** | | | Yes 🞏 No 🞏 | |
| Reason: | | | | |
| Your request is **not approved**. If the pupil is absent as proposed above it will be unauthorised for the following reason: | | | Refer for Penalty Notice  Yes 🞏 No 🞏 | |
| Reason: | | | | |
| Signed: | | | Date: | |

**Evidence of exceptional circumstances is required when submitting a leave of absence request.**

*Admin: CP Email ScP File*