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Parents and carers are reminded that in accordance with legislation and guidance from the Department for Education, approval for leave of absence will rarely be approved. Parents and carers are strongly discouraged from disrupting their

child's educational progress for the purpose of a holiday during term time.

This form should be completed and submitted to the Headteacher within 4 weeks of the start of the proposed leave. Separate forms should be completed if you have more than one child.

Parents and carers are reminded that term time holidays taken without permission may result in the issuing of a Fixed Penalty Notice by the Local Authority of up to £160 per child.

	Pupil Details
Name:	DoB:
Address & Postcode:	Class/ Form
	Applicant details
Full Name:	DoB:
Address & Postcode:	Contact Number:
	Relationship to pupil:
	Other parent details
Full Name:	DoB:
Address & Postcode:	Contact Number:
	Relationship to pupil:
	Siblings
Name:	School:
Name:	School:
	e of Absence Request Details
Start date of requested leave:	End date:
Return to school date:	No. of days:

What are the exceptional circumstance Headteacher to consider?	<u>es</u> for your leave of ab	sence request that y	ou wish the
			-
Name of persons accompanying the child?		·	
Name of parent / carer (print):			
Signature:		Date:	
Name of parent / carer (print):			
Signature:		Date:	C
			*
	For School Us	9	
Current attendance % :			
Previous LOA? :			
Does the LOA request time coincide vother examination periods:	vith SATS /		
Any mitigating / aggravating circumsta (Including any ongoing medical issues			
Child's current / potential level of attain	nment?		
Is the LOA approved?:		YES	NO
If YES - Number of days to be author	sed for this LOA appli	cation:	
Signature of Head Teacher:			Date:
*Register Code to be used for this LC	DA:		