



**Headteacher:**  
Mrs M. Kelly B.Ed.

## Request for a leave of absence during term time

Pupil Name .....Class/Tutor Group .....

Pupil's address .....

Date of first day of absence .....Date of return to school .....

Number of school days that your child will be absent from school .....

*If a pupil fails to return within ten school days following the anticipated date of return and no reason is provided, there may be grounds (under some circumstances) to delete your child's name from the Admissions Register and register them as a Child Missing Education.*

Please detail the exceptional circumstance for which you are requesting leave of absence

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***I understand that if the absence request is not authorised and the holiday is taken the Headteacher may request that the Local Authority issue a Fixed Penalty Notice. I understand that a Penalty is issued to each parent for each child taken out of school and that this is a fine of £60 if paid within the first 21 days which increases to £120 if paid between 21 and 28 days. I understand that if I do not pay this it may result in legal action.***

Name(s) of Parent/Carer (s) making application:

Dr/Mr/Mrs/Miss/Ms Forename.....Surname.....

Address: .....

Signed .....Dated .....

Dr/Mr/Mrs/Miss/Ms Forename.....Surname.....

Address: .....

Signed ..... Dated .....

(Please ensure you are giving at least seven days' notice of the proposed absence, retrospective applications cannot be authorised)

For school to complete and copy retained: AUTHORISED/UNAUTHORISED (please circle)

