

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 [Insert name and contact details].

Child's Full Name:	on and wish to apply for leave of all Date of Birth:	Class:	
		Olass.	
Parent/Carer Details /places			
Parent/Carer Details (please First Name:			
Date of Birth:	Surname:		
	Relationship child:	Relationship to the	
Address and			
postcode:			
Telephone number:			
First Name:	Surname:	EXISTRACT.	
Date of Birth:		Relationship to the	
Address and	Cilia:		
postcode:			
Telephone number:			
Siblings: Please provide the	name of any siblings and the sc	haaldhad d	
Child's Full Name:	Date of Birth:	nool that they atten	
	Date of Birtin.	School:	
Details of the absence			
Date of First day of	D-4- (1 4 1	/ of	
Date of First day of absence:	Date of last day absence:		
absence:	absence:		
Date of First day of absence: Total Number of days absent:		of	



lease read the following st	atement and sign	to indicate you ur	nderstand the this	s:
would like to request the aboaking unnecessary absence	turing term time at	nd accept that this ii	lay have a detimin	intai iiripaot
1 11 1/ 1 1 1	indoretand that a f	aenany nonce may b	15 133U5U II II II II I	accio
lenied, and my child is absen	t during this period	d. I understand that i	a ime wiii be payai	ole bei
parent, per child.				a for
have read and understood N	lorfolk County Coun	cil's information regard	ding penalty notice	S TOP
absence from school and the	action they may to			
Signed:	Full name		Date:	
Simodi	Full name		Date:	
Signed:		1449		
To be completed by the sch	nool:			
Date request received		Total number of days requested:		
by the school: Child's Name:		Application Au	thorised or Decli	ned?
Ciliiu S Haine.				
Reason for school's				
decision:	Tu I			
In the case of a term time				
In the case of a term time holiday please confirm				
holiday please confirm which parent took the				
holiday please confirm		Date:		