

APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME

If, after reading the letter on the reverse, you consider you have exceptional circumstances to request a leave of absence during term time, please complete this form and return to the schoolat least 14 days before the date you wish to remove your child from school.

Pupil Name	Tutor Group/Class
Home Address	
First day of absence	Date of return to school
Total number of days missed	
	llows:-
Attendance Service will be notified issued. I understand that a Penalty	Inauthorised the Education Support, Behaviour & d of the absence taken and a Penalty Notice will be y is issued to each parent for each child taken out of 0 which increases to £120 if not paid within the first 21 pay this will result in legal action.
Name of Parent/Carer making applic	cation
Signed	Dated
(Please ensure you are giving at least 14 da	y's notice of the proposed absence)
9	
Pupil Name	Tutor Group
□ AUTHORISED: Your request has been auth	orised for the following dates:/to/to
☐ UNAUTHORISED: Your request has be	een unauthorised for the following dates://to//_
It is not considered that the circunto take the absence a Penalty Notice	nstances you describe are exceptional. If you proceed ce/s will be issued.
Signed	Executive Head Teacher Date / /