**APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME**

**Time off school for family holidays is not a right and as a Parent/Carer, you should complete this form and return it to your child’s school AT LEAST FOUR (4) WEEKS before the date when you want the period of absence to start. You may be required to attend an interview to discuss this request with the Principal, Head of Year or other senior member of staff and/or produce supporting evidence for your request.** (A separate application must be completed for each child)

Child’s Full Name:………………......................…….........................................................………………..

DOB…………….........................YearGroup……………Class/Form…….………………………………….

Address………………………………………………………..................………………………………………

Period of Absence: From……………….................................To………………...................…. (inclusive)

Date due to return to school: ………………………..………...Total Number of Days: ……………………

Reason Requesting Absence (if request is for a family holiday, please give exceptional circumstances on why it MUST be in term time). Please attach copies of any relevant documentation.

Name:…………………………………………… Relationship to child:.......................................................

(Applicant must be the parent carer the child normally resides with)

Signed:………………………………………………. Date:……………………………………………………..

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| ***If you have other children in the family of school age please give details (Use additional sheet if necessary)*** |
| Name …………………………….………Name ………………………….…………Name ……………………………….…… | D.O.B. …………...… School Attended………….……………D.O.B. ……..…….… School Attended………………………D.O.B. ……………… School Attended…………….………… |

**Application for Leave of Absence during Term Time Return Slip**

To: Parent/Carer: An appointment has been made with …………………………………………..

to discuss this request on date …………..…………………& time……….………………………….

Permission has/has not been granted for ...................................................................................

to be absent from school for……. days from ……….……….......…to…….....……..…. (inclusive)

Date due to return to school ……………………………………………………………………….......

Reasons given (if appropriate) ……………………………………………………...............…………

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Signed:................................................................ Date:………......................…………....

 Principal/Head of Year

***Please Note: Holiday absences which have not been agreed will be marked as unauthorised absences and may be referred to the Local Authority for consideration of a Penalty Notice or other action.***