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APPLICATION FOR EXCEPTIONAL LEAVE OF ABSENCE

Name of child: _____ Form _____

Name of child: _____ Form _____

Name of child: _____ Form _____

First date of child's absence: _____

Date child will return to UK (If travelling abroad) _____

Date child will be back in school: _____

Reason for absence: _____

I understand that I am **NOT** entitled to any leave of absence during term time. I understand that any absence from school will be recorded by the school as unauthorised. The school does not authorise any form of holiday during term time.

I understand that because of the School Attendance Regulations, the Head Teacher may be obliged to remove my child's name from the school roll if s/he does not return to school within twenty-one school days of the return date given above.

I also understand that if this happens, it is impossible to guarantee that a place will be available in the school upon return.

I accept responsibility for providing my child's education during the time that she/he is absent from school. The parent/carer is responsible for providing this work, not the school.

I have attached documentation to support my application.



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Signed: ----- Date: -----

Please print name: -----

(Mother/Father/Registered Carer)

For office use only

Date application received:	Number of days <u>authorised</u> : Number of days <u>unauthorised</u> :
Current attendance:	Parental condoned truancy. Number of days of <u>unauthorised</u> absence:
Total number of days requested:	Signed:
Number of previous requests for absence and codes given:	Date: