

APPLICATION FORM Leave of Absence during Term Time

In September 2013 there was an amendment to the Education (Pupil Registration) (England) Regulations 2006 which prohibited the Headteacher of a school granting leave of absence for a pupil except where an *application is made in advance* and the Headteacher considers there are *exceptional circumstances* relating to the request. If a Headteacher authorises a leave of absence request, it will be his/her decision to determine the length of time that the child can be away from school.

Should you wish to make a request, which <u>must</u> be made prior to the proposed leave; please complete the application below providing any additional evidence in support of the exceptional circumstances, together with details of why the leave cannot be taken during any school holiday period. Each request will be considered based on the information provided. Leave of absence is not an entitlement and will not be granted for the sole purpose of a family holiday

To be completed by the parent or carer with whom the child normally resides											
School Name	KIRTON ACADEMY										
Name of Pupil				Class							
Address			l								
Dates Requested	From: (1	(1st date of proposed absence) To: (last date of absence) Total School Days									
Supporting Information and the reason for the leave of absence request											
l Please do not make any arrangements until you have confirmed with the school that the leave of absence is granted											
2. Please provide details of any other siblings. A separate application form will be required for each child											
Child Name			School								
Child Name	me		School								
3. I confirm that I am the parent or carer with whom the child listed in section 1 resides											
Signed:			Please Pri	nt Name:							
Date:		•	Relationsh	nip to child							
For School Use Only:		Date Application Received:									



School response to application for leave of absence during term time

Details of Application (To be completed by the School)								
Name of Pupil								
Address								
Name of person requesting the leave of absence and their relationship to the child								
Dates requested	From: (1st date of proposed absence) To: (last date of absence)			Total School Days				
Decision following consideration of Application								
I have considered your application for leave of absence based on the information provided and my decision is confirmed below:								
Authorised Absence	Please tick as appropriate	Unauthorised Absence	Please	e tick as appropriate				
On this occasion I am <u>able</u> to a absence as I feel that the reason exceptional. The absence will school register as authorised.	ons provided are	On this occasion I am <u>unable</u> to authorise the leave of absence as I do not consider the reason provided to be exceptional. Should you go ahead with the proposed leave, the absence will be recorded as unauthorised on the school register.						
Signed: Printed: Position:		Signed: Printed: Position:						
If the leave of absence has not been authorised by the Headteacher the information will be submitted to th Education Inclusion Service who may issue a Penalty Notice or take other legal intervention if there are 10 or mor consecutive or non-consecutive unauthorised absence sessions (5 days). Penalty Notices were introduced as a alternative to prosecution but if they fail to act as a future deterrent, prosecution may be considered, rather than further								
 If paid within 21 days the Penalty Notice is £60 per parent or carer, per child If paid after 21 days but within 28 days the Penalty Notice increases to £120 per parent or carer, per child If the Penalty Notice remains unpaid after 28 days this will result in prosecution 								
For School Use Only: A copy MUST be retained by the school	Date Returned to Applicar	nt:						