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|  | **St John’s Church of England Academy**  **Belonging Believing Becoming** |  |

**Request for a leave of absence during term time**

**Pupil Name ............................................................Class/Tutor Group .............................**

**Pupil’s address ……………………………………………………………………………………**

**Date of first day of absence ...........................Date of return to school ..................................**

**Number of school days that your child will be absent from school ……………**

***If a pupil fails to return within ten school days following the anticipated date of return and no reason is provided, there may be grounds (under some circumstances) to delete your child’s name from the Admissions Register and register them as a Child Missing Education.***

**Please detail the exceptional circumstance for which you are requesting leave of absence**

**...................................................................................................................................................................**

**...................................................................................................................................................................**

***I understand that if the absence request is not authorised and the holiday is taken the Head teacher may request that the Local Authority issue a Fixed Penalty Notice. I understand that a Penalty is issued to each parent for each child taken out of school and that this is a fine of £60 if paid within the first 21 days which increases to £120 if paid between 21 and 28 days. I understand that if I do not pay this it may result in legal action.***

**Name(s) of Parent/Carer (s) making application: Dr/Mr/Mrs/Miss/Ms**

**Forename........................................................Surname.......................................................**

**Address: …………………………………………………………………………………………….**

**Signed .............................................................. Dated ....................................................**

**Dr/Mr/Mrs/Miss/Ms**

**Forename...................................................Surname…………………………. ........................**

**Address: …………………………………………………………………………………………….**

**Signed .............................................................. Dated ....................................................**

**(Please ensure you are giving at least seven days’ notice of the proposed absence, retrospective applications cannot be authorised)**

**For school to complete and copy retained: AUTHORISED / UNAUTHORISED (please circle) Sept 21**

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**Request for a leave of absence during term time – school response**

This response must be sent to each parent and a copy retained by the school

**Dear…………………………………….**

**Child’s Name……………………………… Class/Tutor Group………………..**

**Your request for absence on the following dates: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ (totalling…........days, has been considered and is AUTHORISED / UNAUTHORISED**

**a) Their attendance is currently:……………**

**b) The request does / does not meet the criteria for ‘exceptional circumstances’**

**Please note: An unauthorised absence may be notified to the Local Authority and a Penalty Notice may be issued without further warning**

**Signed………………………………… (Head teacher)**

**Date \_\_\_ / \_\_\_ / \_\_**

**Print name: …………………………**

**Sept 21**