**LEAVE OF ABSENCE REQUEST FORM**

**PLEASE NOTE - The Education (Pupil Registration) (England) (Amendment) Regulations 2013 state that Headteacher’s should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.**

**Name of Child(ren)** …………………………………………………………. Year Group ………………..

 …………………………………………………………. Year Group ………………..

 …………………………………………………………. Year Group ………………..

**Child’s Address** …………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………….

**Name of Applicant(s) and Address (if different**)…………………………………..………………………………

 ……………………………………………………………………………………………………………………

 ………………………………………………………………………………………………………………….

**I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES on the following dates.**

**From**…………………………………………………….. **To**…………………………………………………….

**Total number of days our child(ren) will be absent from school** ……………………...

|  |
| --- |
| Please supply in as much detail as possible the reason for your request and why you feel it is **exceptional circumstances**. Please include the names of the adult(s) who will be with your child(ren) during their absence from school.  Continue over the page if necessary |

Signed (both parents if applicable) Date …………………………………………………………

**……………………………………………………………… ……………………………………………………………….**

***IF THE REQUEST IS FOR A FAMILY HOLIDAY PLEASE SUBMIT IT BEFORE THE HOLIDAY IS BOOKED.***

Please supply in as much detail as possible the reason for your request and why you feel it is **exceptional circumstances**. Please include the names of the adult(s) who will be with your child(ren) during their absence from school.

**OFFICE USE ONLY**

Attendance %\_\_\_\_\_\_ Holidays current academic year\_\_\_\_\_\_\_\_ **Not / Authorised**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attendance %\_\_\_\_\_\_ Holidays last academic year\_\_\_\_\_\_\_\_ Reason if authorised\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Apply for Penalty Notice Yes/No Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Explanation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_­\_\_**