



Application For Special Leave Of Absence in School Time

St Mary's

Church of England
Primary School

As a parent/carers you should fill in this form if in the case of an emergency you wish to take your child out of school for an extended period during term time. Please return your completed form to the Headteacher no less than three weeks before the date when you want the period of absence to start.

Please note family holidays during term time will not normally be authorised

The Headteacher will want to discuss with you the arrangements which will need to be made.

If you take your child on leave without authorisation the Local Authority has the power to issue fixed-penalty notices of £50 per parent for each child, rising to £100 if not paid within 28 days (Anti-Social Behaviour Act 2004).

The conditions under which leave of Absence during term time may be granted are contained in The Education (Pupil Registration) Regulations 2006.

I request that:

Name: _____	Year: _____
Name: _____	Year: _____
Name: _____	Year: _____

be granted special leave of absence

From: (date) _____ To:(date) _____ No of Days: _____

Reason: _____

My Child will access education during the visit

☐ Yes ☐ No

If Yes please provide details:

Signature of Parent/Carer: _____ Date: _____

✂-----

To be completed by the school:

Permission for:

Name: _____	Year: _____
Name: _____	Year: _____
Name: _____	Year: _____

to be absent from school From: (date) _____ To:(date) _____ is granted

to be absent from school From: (date) _____ To:(date) _____ is **not** granted

You should be aware that if the school approves this absence, your child will be expected to return on _____. Failure to do so will result in any extra time being classified as unauthorised absence.

It is also possible in certain circumstances that your child could be removed from the school roll and thereby have to attend an alternative school.

Signature of Headteacher: _____ Date: _____



Request for General Absence in School Time

St Mary's

Church of England
Primary School

For Special Leave of Absence please complete overleaf.

As a parent/carer you should complete this form if you want to take your child out of school for an appointment other than a vacation.

MEDICAL

☐

PERFORMANCE

☐

EDUCATIONAL

☐

OTHER

☐

The conditions under which leave of Absence during term time may be granted are contained in The Education (Pupil Registration) Regulations 2006.

I request that:

Name: _____

Year: _____

Name: _____

Year: _____

Name: _____

Year: _____

be granted leave of absence

From:(date)

To:(date)

Time:

No of Days:

Reason: _____

Please attach a copy of the appointment letter

Signature of Parent/Carer: _____

Date: _____

✂-----

To be completed by the school:

Permission for:

Name: _____

Year: _____

Name: _____

Year: _____

Name: _____

Year: _____

to be absent from school From: (date) _____ between Time: _____ & Time: _____ is granted

to be absent from school From: (date) _____ between Time: _____ & Time: _____ is **NOT** granted

You should be aware that if the school approves this absence, your child will be expected to return on _____. Failure to do so will result in any extra time being classified as unauthorised absence.

Signature of Headteacher: _____

Date: _____