

## **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.

Any request for leave of absence must be made at least 4 weeks prior to the proposed leave, by completing 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. Please note that exceptional circumstances are considered as occasions where the same request is not likely to be made again. Any student whose attendance is below the national expectation of 97%, or whose attendance would fall below if their leave were granted, will automatically be refused.

1. To be completed by the parent or carer with whom the child normally resides						
School Name	SOUTH AXHOLME ACADEMY					
Name of Pupil				Class		
Address						
Dates Requested	From: (1st date of proposed absence)  To: (last date of absence)  Total School Date of absence)				Total School Days	
Supporting Information and the reason for the leave of absence request						
		ements until you have co				
2. Please pro	vide detai I	ls of any other siblings	. A separate	application forr	m will be required for	or each child
Child Name			School			
Child Name			School			
3. I confirm that I am the parent or carer with whom the child listed in section 1 resides						
Signed:			Please Prin	t Name:		
Date:			Relationsh	ip 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 co	mpleted by the School)					
Name of Pupil						
Address						
Name of person requesting the leave of absence and their relationship to the child						
Dates Requested	From: (1 <sup>st</sup> date of proposed a	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 tick as appropriate				
On this occasion I am <u>able</u> to author absence as I feel that the reasons pexceptional. The absence will be reschool register as authorised.	rovided 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:		Signed:				
Printed: Mrs S Sprack		Printed: Mrs S Sprack				
Position: Headteacher		Position: Headteacher				

If the leave of absence has not been authorised by the Headteacher the information will be submitted to the Education Inclusion Service who may issue a Penalty Notice or take other legal intervention if there are 10 or more consecutive or non-consecutive unauthorised absence sessions (5 days). Penalty Notices were introduced as an alternative to prosecution but if they fail to act as a future deterrent, prosecution may be considered, rather than a further Penalty.

- 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 Applicant: