**SCHOOL ABSENCE REQUEST FORM**

**Form to be returned to the school office with a minimum of two weeks’ notice**

*Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances.*

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| Name of Pupil ……………………………………....……… Date of Birth …………………………………….....………..  | Class……………………………  |
| Please detail below the **exceptional circumstance** why you are requesting to take your child out of school. You may be invited into school to discuss your request with the Head Teacher. (please attach your supporting evidence)……………………………………………………………………………………………………………... ……………………………………………………………………………………………………………...……………………………………………………………………………………………………………... |
| Leave of absence from date….……/…………/...…….… to date ….……./……….…/……….….. |
| Number of schools days that your child will be absent from school …………….………. |
| [For siblings] I have also applied to ………………………………………..………….……… school/academy for leave of absence for ……………………………………………....… (insert child/children’s name) |
| Parent/Carer 1 (with Parental Responsibility) | Parent/Carer 2 (with Parental Responsibility) |
| Contact No.: | Contact No.: |
| Full address: ……………………………………………..……………………………………………...……Postcode:………………… | Full address: ……….…….………………………………………………………………………………..…Postcode:…………………… |
| Signature: | Signature: |
| Date:  | Date:  |

***Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to the Education Welfare Officer for consideration which could result in a Penalty Notice.***

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**For School Use:**

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| Previous requests for leave of absence : **Yes / No**Attendance: ………….. **%**Evidence provided for exceptional circumstance: **Yes / No** | Arrange to meet with Parent/Carer:**Yes / No**If Yes, Date & time:………............... |
| 🞏 Authorised / 🞏 Unauthorised by Headteacher ………………………….............. (Signed)  |
| Form Received by:………………….... | Received date:……………………. | Action taken if unauthorised: ………………………….....…………………………….…………………………….Date: ………………….…. | Action taken if authorised………………………….....…………………………….…………………………….Date: ………………….…. |