**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: ………………….…. |