

**PUPIL LEAVE OF ABSENCE FROM SCHOOL**

Please note: taking your child out of school during term time is detrimental to your child's educational progress

Full name of child(ren): _____

Address:

Leave requested from _____ to _____

Total number of school days _____

Reason for application:

I/we have read the information on the reverse of this application and would like to formally request the leave of absence as shown.

Signature of parent(s)/carer(s) _____

Please note:

Leave of absence shall not be granted unless –

- (a) An application has been made in advance to the Principal by a parent/carer.
- (b) The Principal, or a person authorised by the Principal considers (following government guidelines) that leave of absence should be granted due to the exceptional circumstances relating to that application.

Your request for leave of absence from school during term time has been considered and has been agreed/not agreed.

Signature of Principal _____



Please note: Retain the original signed and completed forms in school records and ensure a copy is returned to the parent/carer of the student.

Before completing this application we would advise that you consider very seriously how the absences will affect your child's education. National statistics show all absence in any academic year does have a negative effect on attainment.

The government advises that any excessive family holiday or any refusal of leave of absence must be recorded as unauthorised by the school on the student's records. As you may be aware an accumulation of unauthorised absences may result in legal proceedings against you.