Moulton Chapel Primary School 01406380440

enquiries@moultonchapel.lincs.sch.uk

Leave of absence request form



APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME



Important information for parents — please read before completing this form Working together to improve school attendance advises all schools that they should only grant a leave of absence during term time in exceptional circumstances, considering each request on a case-by-case basis. If a leave of absence is granted, it is for the headteacher to determine the length of time the pupil can be away from school. Although we recognise the value and benefits of family holidays, it is unlikely a leave of absence will be granted for a family holiday as the Government 'does not consider a need or desire for a holiday or other absence for the purpose of leisure and recreation to be an exceptional circumstance.'

Requests for leave must be made in advance, otherwise we will be unable to consider your individual circumstances, and the absence will be recorded as unauthorised. Headteachers are not obligated to reconsider authorising leave if an application was not made in advance.

	an application was not made in advance		
	to be 100% unless there are exceptiona h ensuring your child's attendance, plec		
have read the above information	and wish to apply for leave of abso	ence from school for:	
Child's Full Name:	Date of Birth:	Class:	
Parent/Carer Details (please list all	parents)		
First Name:	Surname:		
Date of Birth:	Relationship to	the child:	
Address and postcode:			
Telephone number:			
First Name:	Surname:		
Date of Birth:	Relationship to	the child:	
Address and postcode:		<u> </u>	
Telephone number:			
Siblings: Please provide the name	of any ciblings and the school that	bhau attand	
Child's Full Name:	Date of Birth:	School:	
Details of the absence			
Date of First day of absence:	Date of last d	ay of	

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Total Number of days absent:		cted date of return hool:		
Please provide the reason for this req	uest, this should inclu	ide supporting evid	dence:	
Please read the following statement an	d sign to indicate you	understand the this:		n at talling
I would like to request the above absen unnecessary absence during term time	ice. I understand that t and accept that this n	ne school strongly (nay have a detrimer	aavises agai ntal impact (nst taking on my
child/ren's progress. I understand that	a penalty notice may b	ne issued if this requ	iest is denie	d, and my child
is absent during this period. I understa I have read and understood Lincolnshir	nd that a fine will be po se County Council's info	ayable per parent, p ormation regarding	per child. penalty noti	ices for absence
from school and the action they may to		inition regarding	penaley not	ces for asserned
Signed:	Full name:		Date:	
Signed:	Full name:		Date:	
To be completed by the school:				
Date request received by the school:		Total number of days requested:		
Child's Name:		Application A	uthorised o	r Declined?
Reason for school's decision:				
	-			
In the case of a term time holiday please confirm which parent took the holiday:				
Headteacher:				
Signed:		Date:		