**REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME**

Thank you for requesting a Leave of Absence form. This form should, wherever possible, be completed **at least two weeks prior to the absence period requested**. You can expect a response from the school within 5 working days. Please be reminded that St John’s primary school will *not authorise* any holidays in term time.

In line with the school’s attendance policy and with the local authority, St John’s will only authorise leave in exceptional circumstances.

Some examples of exceptional circumstances are:

* Death of parent/carer or sibling of the pupil
* Life threatening or critical illness of parent or sibling of the pupil
* Parent/carer recuperation and convalescence from critical illness or surgery (leave request to be made within 6 months of recovery and medical evidence required)
* Close family wedding. Unless the school is aware of the family member getting married (mother or father), a copy of the invitation must be requested in order to assist the decision making process.

PLEASE REMEMBER: Absence from school can seriously disrupt your child’s continuity of learning. Not only do they miss the teaching provided on the days they are away, they are also less well prepared for lessons upon their return. There is a consequent risk of underachievement, which together we must seek to avoid. This can also lead to your child feeling anxious when they return and find the class has moved on.

**Parent 1**

Name…………………………………………………………………………………………………………..

Address………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………

Date of Birth……………………………………………….

**Parent 2**

Name……………………………………………………………………………………………………………

Address…………………………………………………………………………………………………………

…………………………………………………………………………………………………………………….

Date of Birth………………………………………………….

I request that my child/ren ……………………………………………be granted leave of absence from school from:

Date of first day of absence………………………….. Date return to school………………………………..

Please give reason for request

……………………………………………….….……………………………………………………………….

…………………………………………………………………………………………………….….…………

Signed …………………………………….……… (Parent/Guardian) Date …………………...............

Authorised / Unauthorised …………………………..…..… (Head teacher) Date ………………..………….

Please indicate below how you would like to receive the Head teacher’s response to your absence request:

|  |  |
| --- | --- |
| Email |  |
| Collection from the school office |  |

**Important information to be read regarding taking your child/ren out of school during term time.**

**Section 444(1) of the Education Act 1996 provides that a parent commits an offence if his or her child, being of compulsory school age, fails to attend regularly the school at which he or she is a registered pupil.**

**Section 444A of the Education Act 1996 allows for a penalty notice to be issued to parents who commit such an offence.**

**The penalty is £120 per parent per child reduced to £60 per parent per child if paid within 21 days. Failure to pay may result in prosecution**

Many thanks

Mrs J Bamfield

Head of School

**FOR OFFICE USE ONLY**

Dear Parent/Guardian

Child/ren Name ………………………………………………………………………………………...

Year……………………………………

Further to your recent request for leave of absence:

* **Leave of absence authorised** between ……………..……. and ……………….………..
* **Leave of absence refused.** Any absence from school between …………..…………

and………………………………………………………………….

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**Section 444A of the Education Act 1996 allows for a penalty notice to be issued to parents who commit such an offence.**

**The penalty is £120 per parent per child reduced to £60 per parent per child if paid within 21 days. Failure to pay may result in prosecution.**

Signed ……………………………….………….. (Headteacher) Date ……………………………..