



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.

Our aim is for every pupil's attendance to be 100% unless there are exceptional or unavoidable reasons for absence. If you require any support with ensuring your child's attendance, please contact [Insert name and contact details].

I have read the above inform	nation and wish to	apply fo	or leave of abse	nce fro	m sch	ool for:	
Child's Full Name:		Date of Birth:			Class	Class:	
Parent/Carer Details (plea	ise list all parents	5)					
First Name:			Surname:				
Date of Birth:			Relationship child:	to	the		
Address and postcode:							
Telephone number:							
First Name:			Surname:				
Date of Birth:			Relationship child:	to	the		
Address and postcode:			•				
Telephone number:							
Siblings: Please provide tl	he name of any si	iblings	and the schoo	that	they a	attend	
Child's Full Name:		Date of Birth:			School:		
Details of the absence							
Date of First day of absence:			Date of last day absence:		/ of		
Total Number of days absent:			Expected date of ret to school:		eturn		
Please provide the reason	for this request i	includi	ng supporting	evide	nce:		





Please read the following statement and sign to indicate you understand the this:

I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren's progress. I understand that a penalty notice may be issued if this request is denied, and my child is absent during this period. I understand that a fine will be payable per parent, per child.

I have read and understood Norfolk County Council's information regarding penalty notices for absence from school and the action they may take.

Signed:	Full name:	Date:	
Signed:	Full name:	Date:	

To be completed by the school:							
		Total number of days requested:					
Child's Name:		Application Authorised or Declined?					
Reason for school's decision:							
In the case of a term time holiday please confirm which parent took the holiday:							
Headteacher:							
Signed:		Date:					