APPLICATION BY PARENT/CARER FOR CHILD'S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME



If you consider you have to take a holiday in term time, and that you have exceptional circumstances, please complete this form and return to the school at least 14 days before the date you wish to remove your child from school.

Please DO NOT make ANY	travel arrangements before this request has been approved.
Pupil Name (s)	Class(es)
First day of absence	Date of return to school
Total number of days miss	sed
I understand that if the attaken and a Penalty Notice out of school and that this that I do not pay this may Name of Parent/Carer ma	bsence request is unauthorised the Attendance Service will be notified of the holiday ce will be issued. I understand that a Penalty is issued to each parent for each child taken is is a fine of £60 which increases to £120 if not paid within the first 28 days. I understand result in legal action. king application
(Please ensure you are give	ring at least 14 day's notice of the proposed absence)
Pupil Name(s)	Class (es)
☐ AUTHORISED:	Your request has been authorised for the following dates:// to//
□ UNAUTHORISED:	Your request for a leave of absence during term time has not been authorised because:
(NB – if you proceed to ta	ke the holiday this will result in a Penalty Notice being issued)
Signed	Head Teacher Date//