

below:

Child's full name:

Child's full name:

Child's full name:

FELSTED PRIMARY SCHOOL

Application for Leave of Absence from School during term time

Leave of absence may only be granted by a person authorised in that behalf by the proprietor of the school. Taking your child out of school during term time could be detrimental to their educational progress. THERE IS NO ENTITLEMENT to parents / carers to take a child out of school during term time, however you may apply to the school for leave of absence in exceptional circumstances. Agreement to each request is at the discretion of the Head Teacher, acting on behalf of the Governing Body (The Education (Pupil Registration) (England) (Amendment) Regulations 2013). If the absence is not authorised and the leave is taken, the matter will be referred to the Local Authority who may issue a Penalty Notice for £120 (or £60 if paid within 21 days) to each parent / carer for each child taken out of school. Failure to submit a leave of absence request will result in the absence being unauthorised and a referral to the Local Authority who may again issue a Penalty Notice as above.

Please note: If you have previously received a Penalty Notice for an offence of failing to ensure regular school attendance or been the subject of a prosecution for any child in relation to irregular school attendance, you may not be given the opportunity to pay a further Penalty Notice; your case may proceed directly to court.

Dear Head Teacher, I would like to request permiss	sion for leave of abse	nce for my child	for the r	easons d	etailed he	alow.
(further information can be att		nce for my child		casons d	ctalied be	JOVV
Child's Full Name	Date of Birth					
Year Group	Class					
Child's Full Address and Postcode						
First date of absence		Last date of a	bsence			
Date of return to school		Number of scl days absent				
		•				
If returning in time for lunch is a school dinner required (please tick) YES NO						
Reason for request (please give full details, further details can be attached to this form).						
Name of person making		Relationship to c	:hild			
request		Relationship to t	Zilliu			
Full Address and postcode (if different from child's above)						
If child above does not reside with you, does the resident parent agree with this application?						
Signature of Parent / Carer with whom child resides			Date			
If you have a child or children at	another school inlease	detail their name	s and whi	ch school	s) they atte	and

School:

School:

School: