

Lothersdale Primary School

APPLICATION FOR PUPIL LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME



This form should be completed by the parent/carer and returned to the school as far in advance as possible and preferably at least **6 weeks** before the first date of the period of leave being requested. Parents/carers must obtain the schools permission before making any arrangements for leave in exceptional circumstances, otherwise the absence will be recorded as unauthorised.

No parent/carer can demand leave of absence as of right. The Education regulations state that applications for leave must be made in advance by a parent with whom the child lives and can only be authorised by the school in exceptional circumstances. Each application is considered individually by the school.

The following are examples of the criteria for leave of absence, which may be considered as 'exceptional':

- Service personnel returning from active deployment
- Where leave is recommended as part of a parents' or child's rehabilitation from medical or emotional problems. Evidence must be provided
- When a family needs to spend time together to support each other during or after a crisis

Please note: Headteachers would not be expected to class any term time holiday as exceptional

This is not an exhaustive list and Headteachers must consider the individual circumstances of each case when making a decision on this matter. Where a Headteacher feels that there may be exceptional circumstances which do not fit the criteria, they may refer to the local authority for advice. The decision of the Headteacher is final. Parents/Carers who take a child on leave in term time without the permission of the school risk being issued with a penalty notice fine for unauthorised absences.

Taking a pupil on leave during term time interrupts teaching and learning and can disrupt educational progress. Before completing this application form parent/carers are asked to consider the effect on their child's continuity of education.



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Name of Pupil:		Class:
Name of Pupil:		Class:
Name of Pupil:		Class:
Address:		
	Telephone Num	ber:
SIBLING INFORMATION (IF D	IFFERENT SCHOOL):	SCHOOLS ATTENDING:
Name of Sibling:		
Name of Sibling:		
Name of Sibling:		
I request permission for my ch	nild to be absent from sch	nool:
	1 -	
From:	То:	Total School Days:
Exceptional Circumstances for (this section must be answered		d criteria):
SCHOOL OFFICE USE ONLY		
Signature of Headteacher:		Date:
Decision Reached:	Authorised	Unauthorised
Date reply returned to parent/carer:		