



COLLEY LANE PRIMARY ACADEMY

Application for Leave of Absence

Childs name..... DOB..... Class.....
Childs name..... DOB..... Class.....
Childs name..... DOB..... Class.....
Address..... Postcode.....

I would like to apply for 'Leave of Absence from school for the above named children.

From [Date]/...../..... To: [Date]/...../..... Number of school days requested.....

Destination.....

Parent(s)/carer travelling with the child (Please include title i.e.: Mr, Mrs, Miss etc.)

Name Parental responsibility YES.....NO.....

Name Parental responsibility YES.....NO.....

Name Parental responsibility YES.....NO.....

The Head Teacher may only grant 'Leave of Absence' in exceptional circumstances. Please give the reason that leave is required.

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By signing this from I understand the following:

1. The schools attendance policy states that absences during term time will not be authorised unless the Head Teacher agrees that there are exceptional circumstances and that any absences will be recorded as unauthorised on the school register.
2. Any unauthorised absences may be referred to the Education Investigation Service.
3. I understand that if a referral is made to The Education Investigation Service, I may be subject to a Penalty Notice (a fine of up to £120 in respect of each child and each parent) and/or be subject to further legal proceedings in Magistrates Court.
4. If my child does not return to school after the above leave of absence date, school may remove my child's name from the school register under Regulation 8, 1(f) of The Education (Pupil Registration) (England) Regulations 2006.

Signed..... PRINT NAME.....

Relationship to child..... Date:.....

Address if different to child/children.....

.....Postcode.....

Please return this from to school once completed