



SUNNYHILL PRIMARY SCHOOL - **REQUEST FOR LEAVE OF ABSENCE DURING THE SCHOOL YEAR**

Children are NOT permitted to be taken out of school for a holiday. The Head Teacher does not have the discretion to authorise any term time leave which relates to a holiday. The Head Teacher may authorise leave during term time for **exceptional circumstances only**.

WARNING: If the school is unable to agree to your request and the child is still taken out of school, this will be recorded as an unauthorised absence and parents/carers risk being issued with a penalty notice of £60 per parent, per child from the Education Welfare Service or court action upon their return. School absence can sometimes be an indicator of child protection concerns, such as FGM, and the school has a duty to report any such incidents.

PLEASE RETURN COMPLETED REQUEST FORM TO SCHOOL GIVING AT LEAST 4 WEEKS' NOTICE OF INTENDED ABSENCE AND ATTACH ANY EVIDENCE TO SUPPORT YOUR REQUEST.

PARENTS/CARER'S SECTION			
CHILD'S SURNAME		FIRST NAME	
DATE OF BIRTH		CLASS	
PARENT'S/CARER'S NAME			
CHILD'S ADDRESS			
POSTCODE		TELEPHONE NO:	
REASON FOR REQUEST			
DATE OF FIRST DAY OF ABSENCE		DATE OF LAST DAY OF ABSENCE	
TOTAL NUMBER OF DAYS ABSENT FROM SCHOOL		DESTINATION:	
Would your child miss any national tests or examinations?		Yes / No	
Has s/he had leave during term-time in the last 12 months? (If so, please give dates, reasons, and number of school days leave)		Yes / No	
I understand that if my request for my child to have an authorised absence from school for the reasons stated is not agreed then any absence will be treated and recorded as unauthorised.			
Parent/Carer signature		Date	

OFFICE ONLY:

Name of Receiving Officer:	Date of receipt:
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THIS SECTION OF THE FORM WILL BE COMPLETED BY THE SCHOOL			
PREVIOUS YEAR'S ATTENDANCE	%	CURRENT ATTENDANCE	%
EVIDENCE PROVIDED	YES <input type="checkbox"/> NO <input type="checkbox"/>	REQUEST APPROVED	AGREED <input type="checkbox"/> AGREED – SUBJECT TO EVIDENCE RECEIVED <input type="checkbox"/> REFUSED <input type="checkbox"/>
EVIDENCE REQUESTED	YES <input type="checkbox"/> NO <input type="checkbox"/>		
NUMBER OF SCHOOL DAYS AUTHORISED		NUMBER OF SCHOOL DAYS NOT AUTHORISED	
REASONS FOR AGREEMENT/ REFUSAL			
DEPUTY HEAD TEACHER'S SIGNATURE			DATE
Date parent/carer informed of approval/non-approval			
Evidence received upon return	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date	