

St. Thomas More Catholic Primary School

South Road, Saffron Walden, Essex. CB11 3DW

Email: admin@stmsw.co.uk Headteacher: Mrs A. Stockdale Telephone: 01799 523248

Application for Leave of Absence from School during term time (This form consists of two pages, please complete page 1 only)

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 Headteacher,

I would like to request permission for leave of absence for my child a pupil registered at your school for the reasons detailed below (further information can be attached if required).

below (further information can be attached if required).	
Child's full name:	Child's Date of Birth:
Year Group:	
Child's full address and postcode:	
First date of absence:	Last date of absence:
Date of return to school:	Number of school days absent:
If returning in time for lunch, is a school dinner required:	YES / NO (please circle)
Reason for request (please give full details, further details can be attached to this form):	
FULL name of person making request:	
Relationship to child:	
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:	
YES / NO (please circle)	
Signature of parent/carer with whom child resides:	
Date of signature:	

If you have a child/ren at another school/s, please detail their names and which school/s they attend in full below:



Childs Forename and Surname:

St. Thomas More Catholic Primary School

South Road, Saffron Walden, Essex. CB11 3DW

Email: admin@stmsw.co.uk Headteacher: Mrs A. Stockdale

Telephone: 01799 523248

Application for Leave of Absence from School during term time (To be completed by the school)

Child's Date of Birth:	
Child's Year Group:	
Dear (insert parents Title, full forename, and surname):	
Dear (insert parents Title, full forename, and surname):	
Re: Application for Leave of Absence from School during	<u>ig term time</u>
Date of application received:	
Date of response from school:	
Percentage attendance year to date:	
Number of sessions absence this academic year:	
Number of which are authorised	
Number of which are unauthorised	
Have the family of this child been issued with a Pena please state how many:	Ity Notice in the previous twelve calendar months, if yes
YES / NO (please circle)	
Total in previous twelve calendar months (please note i	f applicable):
Your application for leave of absence as detailed above	has been:
Authorised (number of sessions absent authorised):	
Unauthorised (number of sessions absent unauthorised	d):
This is for the reason stated below:	
Headteacher Name:	
Headteacher signature:	Date: