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| **APPLICATION FORM FOR CHILD’S LEAVE OF ABSENCE DURING TERM TIME** |

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| Child/children’s name(s) and tutorial(s) |
| Home Address |
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|  | Postcode: |
| I wish to apply for my child to be absent from school during the following dates:- |
| Date of last day at school |  |
| Date of return to school |  |
| Reason for absence from school: |
| **I make application for my child/children named above to have authorised absence from school for the reasons stated. I understand that if this is not agreed, then any absences will be treated as unauthorised and may lead to the issue of a Penalty Notice or a summons for irregular school attendance.** |
| Name of Parent/Carer making application: |  |
| Signed |  |
| Date |  |

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| **Head of Year to complete:** |
| Current attendance % |  |
| Current achievement levels |
| Signed: (Head of Year) |

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| **PLEASE RETURN COMPLETED APPLICATION FORM TO SCHOOL RECEPTION.****YOU MUST GIVE AT LEAST 4 WEEK’S NOTICE OF INTENDED ABSENCE.** |