Application for leave of absence for exceptional circumstances

As parents, you have a legal responsibility to ensure your child's attendance at school. Holidays should be taken during the school holiday period. During the academic year pupils are at school for 190 days and at home for 175 days.
Please be aware that The Education (Pupil Registration) (England) (Amendment) Regulations 2013 state that Head Teachers may not grant any leave of absence during term time unless there are exceptional circumstances. The Head Teacher is also required to determine the number of school days a child can be away from school if leave is granted.
Please fill in this form if you want to ask the Head Teacher to consider authorising a leave of absence during term time for exceptional circumstances. We may ask for proof to validate your request.
Pupils are expected to attend school 100% of the time unless the absence is authorised by the school. If your child is statutory school age, unauthorised absence of 5 days or more may result in the issue of a Penalty Notice. Penalty notices are issued by the Local Authority in accordance with Surrey County Council's Code of Conduct. The Penalty Notice is £60 per child per parent/carer, if paid within 21 days, or £120 if paid after 21 days but within 28 days. Failure to pay the Penalty Notice will result in the Local Authority considering legal proceedings against you in the Magistrates Court. A child is statutory school age in the term following their 5th birthday.
You must ask well in advance and you are strongly advised to request leave of absence before you confirm any holiday arrangements. The Head Teacher will consider the reasons for the request carefully, taking into account the exceptional circumstances, and will inform you of the decision. The Head Teacher will endeavour to notify you of the decision within five days.

Name of child: (One child per form)	**Class:**
Home address:	
I am applying for leave of absence for my child: First day of absence: Last day of absence:	
Number of school days absent:	
Please tick the appropriate box below:	
Medical/ Dental Appointment – please give details:	
Visit to another school – please state name of school:	
This **cannot** be taken during the school holidays because:	
Has your child already had leave of absence in this school year? YES / NO	
If YES, please give dates and details:	
I confirm that by signing this form I have read the statement at the top of this page and understand my legal obligation to have my child in school. If I decide take my child out of education without the prior permission, I am then liable for prosecution as set out in the statement.	
First Parent's full name: Address: Signed: (Parent/Carer) Date:	Second Parent's full name: Address: Signed: (Parent/Carer) Date:

To be completed by Attendance Lead			
Child's attendance level:	Previous year: %		Current year: %
Our overall school target for attendance this year is			**97.0%**
Having considered your request carefully, my decision is that leave of absence is:			
Approved		The absence will be recorded as authorised.	
Not approved		The absence will be recorded as unauthorised.	
Explanatory notes:			
Signed: (Attendance Lead)		Date:	

For office use only:

	Date	Staff initials
Date parent given form		
Date parent informed of possible fine		
Method of communication		
Date form received by campus office		
Date form received by attendance officer		