

APPLICATION FOR LEAVE OF ABSENCE FOR A SCHOOL PUPIL IN TERM TIME IN EXCEPTIONAL CIRCUMSTANCES ONLY

Parent/ Carers

- This form should be completed and submitted to the school at least 4 school weeks before the start of the proposed leave of absence.
- All requests for Leave of absence will be considered by the school using this form to assess whether the leave was due to exceptional circumstances. Parent/carers do not have any legal entitlement to take their child on holiday during term time. Leave of absence for the purpose of holidays in term time will not be granted. You will be notified by the school whether permission has been granted for the leave of absence. Any leave of absences taken which have not been requested in advance will recorded as unauthorised.
- Leave of absence taken without permission may result in the issuing of a penalty notice by the local authority of £160. Any Fixed Penalty Notices issued and/or prosecution will apply to each parent for each child who fails to attend school. Further information can be found at: <https://www.solihull.gov.uk/schools-and-learning/school-attendance>
- Parents have a legal duty to ensure that their children of compulsory school age receive a suitable full-time education through regular attendance at a school or otherwise (ie home education) (Section 7 Education Act 1996).
- If a child who is of compulsory school age, who is registered at school and fails to attend regularly, it is the parent that will be guilty of an offence (Section 444 (1) Education Act 1996).

CHILD DETAILS			
Name of Child:			
DOB:		Class:	
First Date of Proposed Absence:			
Last date of Proposed Absence:			
Expected date of return to school:			
Total Days Requested on this occasion:			
Please detail below the exceptional circumstance why you are requesting to take your child out of school. (Please attach supporting evidence). You may be invited into school to discuss your request with the headteacher.			
LEAVE OF ABSENCE APPLIED FOR AT A DIFFERENT SCHOOL FOR SIBLING(S)			
Sibling School:			
Sibling Name:		Sibling DOB:	
Sibling School:			
Sibling Name:		Sibling DOB:	
PARENT/CARER DETAILS			
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
Who is accompanying this child on the leave of absence?			
Parent/carer name completing request form:			
Signature of parent/carer completing request form:		Date:	

FOR SCHOOL USE ONLY

Date request received by school:

Previous requests for leave of absence? Yes / No

Evidence provided for exceptional circumstance? Yes / No

Absence Authorised: Yes / No

The reason(s) for this decision are:

Unauthorised Dates	Code for Register	Authorised Dates	Code for Register

Headteacher signature: Date:

Date decision letter sent to parent/carer(s):