

St James Primary School

Leave Of Absence Request Form

I/ we request that my son/ daughter (Name) Class:
of (address)
..... Post code:
be granted leave of absence from (date)
to (date) (total of days requested).
in respect of the following. Please indicate:
Holiday in term time
Compassionate Grounds
Other (State).....
.....

By signing this Leave Request I understand the following:

1. The school have a discretionary power to authorise the leave; it is not a right.
2. Only the school can grant Leave of Absence.
3. No child may be granted more than 10 days leave in any school year except in **exceptional circumstances**.
4. The school may authorise all or part of the Leave of Absence requested.
5. If leave is granted and my/ our child does not return to the school within the time allowed, the school may, in consultation with the local authority, remove him/ her from the register. This would necessitate me/ us applying for our child to be readmitted to a school.
6. If the absence is not authorized and I/ we still take our child out of school I understand that I/ we may be the subject of a Fixed Penalty Fine of £100 in respect of each child and each parent, or subject to further legal proceedings
7. If we are delayed in returning we will contact the school to explain why as soon as is possible.

Signed: Date:

LEAVE OF ABSENCE REQUEST

Parent of Class:
I confirm that your request for Leave of Absence from to
..... has been authorised.

I regret that your request for Leave of Absence from
To has not been authorised.

Carol O'Brien – Head Teacher