



St. James' Catholic Primary School, Orrell

Application for Leave of Absence



Regular and punctual attendance is vital for your child's educational progress. Avoidable absence during term time hinders the academic progress of your child and undermines the efforts of the school. ***Having a good education will help to give your child the best possible start in life.***

PLEASE NOTE: DFE REGULATIONS STATE THAT HEADTEACHERS MAY NOT GRANT ANY LEAVE OF ABSENCE IN TERM TIME UNLESS THERE ARE '***EXCEPTIONAL CIRCUMSTANCES***'. IF THE LEAVE IS GRANTED, THEN THE HEADTEACHER SHOULD DETERMINE THE NUMBER OF DAYS THAT THE CHILD IS AWAY FROM SCHOOL.

Name of Parent/Carer: PRINT NAME: _____

Proposed Dates of Absence From: _____ To: _____ (inclusive)

Number of School Days: _____

I request permission from the school for my child:

PRINT NAME: _____ Class: _____
to be granted Leave of Absence for the above dates.

Please give details and reasons for the proposed absence

Please try to be as specific as possible to enable school to consider your request as 'Exceptional Circumstances'. Please also attach any other supporting information related to this request- this is especially important where the reason for the request relates to fixed holiday entitlement at work e.g. letter from your Line Manager

Signature of Parent/Carer: _____ Date: _____

The completed form should be submitted to the Headteacher **not less than SIX WEEKS before** the proposed period of absence unless there is a genuine reason for not being able to do this.

The School will carefully consider your request and will take some or all of the following into account if it is felt that there are 'exceptional circumstances':

- **Your child's previous and current attendance record**
- **The nature of the trip**
- **The length of the holiday or leave requested**
- **Your child's stage of education**
- **The time of year i.e. Permission will not be granted for leave of absence immediately prior to or during assessment periods**
- **Your child's academic progress and the likely impact of an absence on your child's education**

If permission is refused any absence for the above period will be recorded at the end of the school year as unauthorised absence. Please note that the Local Authority has, in line with DFE recommendations, a policy whereby attendance warning letters and fixed penalty notices may be issued for unauthorised absences.

P.T.O.



For Office use only:

Dear.....

Leave of absence for (Child/children's name/s),.....

for (dates).....

will be **authorised/unauthorised/part authorised for** _____ **days** (delete as appropriate)

Comments (if applicable)

Signed:Mr G Hayes (Headteacher)

Date: _____

Review of Original Decision Not to Authorise (only applicable if additional supporting evidence has been requested and/or submitted)

Dear.....

Leave of absence for (Child/children's name/s),.....

for (dates).....

will be **authorised/unauthorised/part authorised for** _____ **days** (delete as appropriate)

Comments (if applicable)

Signed:Mr G Hayes (Headteacher)

Date: _____