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| **REQUEST FOR LEAVE OF ABSENCE** | | | | | | |
| * **2 week’s leave of absence in term time reduces your child’s attendance to 95% over a year.** * **This reduces your child’s attendance to below the National average.** * **It equates to your child missing a half day per fortnight of their education.** * **Pupils are only in school for 190 days each year.** * **There are 175 other days for holidays and other activities.** | | | | | | |
| **How to use this Form:** | | | | | | |
| Use for all absences other than sickness absence.  Return this form to the school at least **four weeks** before the date of requested absence.  Use a separate absence form for each absence and for each child. | | | | | | |
| **Parent/Guardian to complete this section:** | | | | | | |
| Name of child: | Date of Birth: | | | Ethnicity | Class: | Year  Group: |
| Is this the 1st request for absence this academic year? | | | | Yes 🞏 No 🞏 | | |
| Has a Leave of Absence been requested in previous years? Yes 🞏 No 🞏  If yes please state which Academic Year(s) | | | | | | |
| Dates requested: From:  To: | | | | No of school days requested: | | |
| Please indicate the name of the pupil and any other school to which you are applying  Name of Pupil: School name: | | | | | | |
| **Reason for request:** | | | | | | |
| If exceptional circumstances, please state reason and attach the supporting evidence.  (This is the only opportunity to supply evidence and does not guarantee the absence will be authorised)  If traveling abroad please state destination including country, town and resort  If the purpose for the leave of absence is not for leisure please include flight booking including return flight evidence.  If leave of absence relates to a relative please state relationship to the pupil e.g. maternal uncle. | | |  | | | |
| **Please ensure you have read the information overleaf before signing the form** | | | | | | |
| Parents/Carers Name:  (Please Print).……………………….........................  Signed: ………………………………Date:…………. | | Parent/Carers Name:  (Please Print)……………………………………………  Signed: ………………………………….Date:…………\_ | | | | |
| **School Office to complete this section:** | | | | | | |
| Attendance Percentage for last academic year 2023/24 | | | | |  | |
| Current Attendance Percentage 2024/2025 | | | | |  | |
| **Head Teacher to complete this section:** | | | | | | |
| Your request is **approved:** | | | | | Yes 🞏 No 🞏 | |
| Reason: | | | | | | |
| Your request is **not approved**. If the pupil is absent as proposed above it will be unauthorised for the following reason: | | | | | Refer for Penalty Notice  Yes 🞏 No 🞏 | |
| Reason: | | | | | | |
| Signed: | | | | | Date: | |

CP SCHP EMAIL/LETTER FILE