APPLICATION BY PARENT/CARER FOR CHILD'S LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

If you consider you have to take a leave of absence in term time, and that you have exceptional circumstances please complete this form and return to the school office **at least 4 weeks before** the proposed absence.

Pupil Name ..... Class .....

Home Address .....

First day of absence ..... Date of return to school .....

Total number of days missed .....

Reasons for absence (please make it very clear why there are exceptional circumstances)

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I understand that if the absence request is unauthorised the Lincolnshire Education and Welfare Service will be notified if the holiday is taken and a Penalty Notice may be issued. I understand that a Penalty is issued to each parent for each child taken out of school and that this is a fine of £60.

Name of Parent/Carer making application .....

Signed ..... Dated .....

For School Office Use Only:

Percentage attendance		Authorised absence		Unauthorised absence	

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Pupil Name ..... Class .....

☐ AUTHORISED: Your request has been authorised for the following dates: ___ / ___ / ___ to ___ / ___ / ___

☐ UNAUTHORISED

Headteacher signature .....

Headteacher: Mrs Wendy Daley

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