**APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME**

***Before completing this form, please refer to the School & LA Policies on Absence during Term-Time. The Policies are available to read in the School Office or can be accessed via the school website:***

As a Parent/Carer, you should complete this form and return it to you child’s school AT LEAST FOUR (4) WEEKS before the date when you want the period of absence to start; a separate application must be completed for each child.

Child’s Full Name: ………………………………………………………………………………………………………

Date of Birth: ……………………………………… Year Group: ………………Class: ...………………………...

Address …………………………………………………………………………………………………………………...

Period of Absence: From ……………………………………… To ....………………………………… (inclusive)

Number of School Days Absent: ……………………… Date of Return to School: ………………………………..

**Reason Requesting Absence** please give details about why this absence is exceptional and MUST be taken in term time.

Name: …………………………………………… Relationship to Child: …………………………………………..

Signed: …………………………………………... Date: ………………………………………………………………

Please indicate if your child has siblings in any other local schools: Yes/No

Name of School/s: …………………………………………………………………………………………………………

**SECTIONS BELOW TO BE COMPLETED BY SCHOOL STAFF ONLY**

|  |  |
| --- | --- |
| SCHOOL ACTIONCurrent Attendance …………………(Attendance sheet attached) | Previous holiday checked ……..Head Teacher to authorize ………Supporting evidence required ………… |

**APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME RETURN SLIP**

To: Parent/Carer

Permission has / has not been granted for ……………………………………………………………………………

To be absent from school for ……… days from .………………………..... to………………..………. (inclusive)

Reasons given (if appropriate) …………………………………………………………………………………………..

Signed: …………………………………………………………………….. Date: ………………………………………..