



PUPIL LEAVE OF ABSENCE APPLICATION FORM

This form must be completed and forwarded to the school at least two weeks **before** the period of absence requested. Leave will **NOT** be granted unless there are **exceptional circumstances**. You will be notified once the Headteacher has reviewed the application for leave of absence.

Child's Name:	Year Group / Class	
Home Address:		
Post Code:	Preferred contact details:	
Phone or email:		
Please state your reason for your request and any additional information		
Date from:	Date to:	Total No of School days:
Signature of Parent/Carer		Date:

The Headteacher will consider the following criteria on receipt of this application:

- ✓ Your child's current and previous attendance;
- ✓ The time of the year (permission **will not** be granted during Statutory Testing periods);
- ✓ Service personnel and other employees who are prevented from taking holidays during term time
- ✓ When a family needs to spend time together to support each other during or after a crisis
- ✓ Parents who are subject to a strict and un-negotiable holiday rota

OFFICE USE ONLY:

Date Received:	Current Authorised Absence	Current Unauthorised Absence	Integris Report attached
	%	%	YES/NO

Your request for leave of absence **has not** been authorised and if the above leave is taken, it will be recorded as unauthorised absence. An application to Lincolnshire County Council may then be made for a Fixed Penalty Notice to be issued for the period of absence. Failure to pay the Fixed Penalty may result in further legal action being taken against you.

Your request for leave of absence has been authorised.

Signed: _____

Date: _____

