**Authorised Absence Request/Approval form**

**Name of child** ……………………..……**Class** ……………………….…

**Will be absent from school, please give dates, time and reason**

**Date**: **From** …………… **To** ………………..…

**Total number of day(s) to be absent:** ……/ **Or Hours Time**: **From** ……… **To**:… ……

**Reason for absence**…………………………………………………………………………………………………………………

**Please attach your appointment letter or note. If you are not in receipt of one, please request one from your appointment to show as proof when your child returns to school**

**Failure to read this important information may result in the loss of your child’s place at school**

**Children and Families Department Family Holidays during term time. Guidance for parents/carers**

By law, every child of compulsory school age must get a proper fulltime education. It is your legal duty to ensure that your child attends school regularly, arrives on time and keeps to the school rules.

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| 1. Do not take your child on holiday when he/she should be at school  2. Leave of absence from school will be authorised in exceptional circumstances only. Exceptional circumstances are ‘once in a lifetime experiences’ such as celebrating the 100th birthday of a great grandmother or great grandfather, the wedding of the pupil’s parents.  3. Taking your child on holiday in term time without the school’s permission may result in legal action being taken against you by the Education Welfare Service. |

**\***I/we understand that only in exceptional circumstance may the amount of leave granted exceed more than two weeks in any year **(Regulation 12 of the Education – Schools and further Education – Regulations 1981)**.

**\***I/we also understand that if a pupil fails to return to school within 10 school days of the expiry of the agreed period of absence and the failure is not due to sickness or any other unavoidable cause his/her name shall be deleted from the admission register **(Regulation 9 of theEducation – Pupil Registration – Regulation 1995)**. **\*(Documented evidence required)**

Name of Parent/Carer ……………………………………Signature of Parent/Carer ………………………….Date ………..………

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| Attendance to date  % | Attendance last year academic year  % |

**For office use only**

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| **Leave is authorised between the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total days­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_**  It is important that your child returns to school by the date agreed. If any circumstance causes a delay it is vital that you contact the school. Please understand that your child’s school place may be lost if he/she fails to return to school within 10 school days of the expiry of the agreed period of leave.  **Head of School’s Signature: Date:** |
| **Leave is not authorised.**  **Reason:**  **Head of School’s Signature: Date:** |