

Dobcroft Schools- Leave of absence in term time request form





Name:		Name and address	s of parent or carers:	
class:				
Year:				
Siblings in this or other schools (name, DOB,		Telephone numbe	r:	
school attending):				
		Mobile number:		
	_	Email:		
Requested dates of absence from and to (inclusive):				
From: To:				
Outline the exceptional circumstances that require your request for leave of absence during term time:				
What steps have you taken to minimise the impact of the leave on your child's learning:				
Emergency Contact Details (UK and Abroad) – name, telephone number & relationship:				
UK:				
Abroad:				
 I confirm that the information on this form is true I agree to keep school informed of any changes to my travel arrangements or if my child is 				
unable to return to school on to due date				
 I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Headteacher 				
Signed by Parent/carer	Print name & relationship	to child	Date	



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Dobcroft Infants/Junior School

FAO The Attendance Officer (School use only)		Date request received:		
Has the requ	uest been discussed with the parent,	/carer? Date:		
No of school	days requested:			
Current Attendance figure:		%		
If during Aut	rumn or Spring term, please record բ	previous year's figure here %		
Is leave of al	osence authorised?	YES / NO		
Number of d	lays authorised:	Number of days unauthorised:		
does no	Leave is not authorised as it does not meet school policy for	We are unable to authorise holidays		
	exceptional circumstances	We are unable to authorise family visits		
		Other reason		
YES	Leave is authorised as the request is for an exceptional circumstance			
School cannot authorise leave of absence including term-time holidays unless there are exceptional circumstances. 5 or more consecutive days of unauthorised absence will result in the issuing of a fixed penalty notice regardless of				
the child's attendance record.				
Signature:		Date:		
Head teacher				