Leave of Absence

SCHOOL NAME: Langar Primary School





APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME		
Child's Full Name:		
DOB	Year Group	
Address		
Period of Absence: From	То	(Inclusive)
Reason Requesting Absence (if request is for a family holiday, please give exceptional circumstances on why it MUST be in term time. Please continue on a separate sheet if necessary)		
Name	Relationship to	child:
(Applicant must be the parent/carer the child normally resides with)		
Signed		Date
If you are applying for more than one child, please give details below:		
Name	D.O.B	Year Group
Name	D.O.B	Year Group
Name	D.O.B	Year Group
Decision re: Application for Leave of Absence During Term Time (For office use only)		
Attendance % YTD: Authorised? Y / N		
Coding (please circle appropriate code):		
B - Educated Off Site Y - Exceptional Circumstances H - Authorised Family Holiday M - Medical/Dental Appointment R - Religious Observance T - Gypsy, Roma and Traveller Absence W - Work Experience O - Unauthorised Absence	C – Leave of Absence authorised by school D – Dual Registration J – Interview P – Approved Sporting Activity S – Study Leave V – Educational Visits G – Unauthorised Family Holiday	
Other (please specify) –		
Signed:	Date:	

Please Note: Holiday absences which have not been agreed will be marked as unauthorised absences and may be referred to the Local Authority for consideration of a Penalty Notice or other action.