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| **APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME** |
| **Important Information for Parents – please read before completing this form**  We expect every pupil’s attendance at school to be 100% unless there are exceptional or unavoidable reasons for absence. Parents do not have any legal entitlement to take their child on holiday during term time. It is the Principal who decides whether a period of leave during term time will be authorised or not, in line with legislation. The Education (Pupil Registration) (England) Regulations 2006 (amended in September 2013) make it clear that Principals cannot grant any leave of absence during term time unless ‘exceptional circumstances’ exist.  Every request for leave of absence during term time will be reviewed on an individual basis with due consideration of the circumstances, but the Principal can only grant leave of absence if they consider exceptional circumstances apply. If the exceptional circumstances are agreed, the Principal will determine the length of the absence to be authorised.  All requests for leave of absence should be made in advance and before any arrangements are confirmed or money committed. This form must be completed in full by the parent who intends to remove the pupil from school during term time and sent to [principal@stcatherines.org.uk](mailto:principal@stcatherines.org.uk) . Failure to make a request for a leave of absence in advance will result in the absence being recorded as unauthorised and the Local Authority will be notified. |
| **I have read the above information and wish to apply for Leave of Absence from school for:** |

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| **Child’s Full Name:** | **Date of Birth:** | **Class:** |
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| **Parent/Carer Details (please list all parents)** | | | |
| **First Name:** |  | **Surname:** |  |
| **Date of Birth:** |  | **Relationship to the child:** |  |
| **Address and postcode:** |  | | |
| **Telephone number:** |  | | |
| **First Name:** |  | **Surname:** |  |
| **Date of Birth:** |  | **Relationship to the child:** |  |
| **Address and postcode:** |  | | |
| **Telephone number:** |  | | |

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| **Siblings: Please provide the name of any siblings and the school that they attend** |

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| **Child’s Full Name:** | **Date of Birth:** | **School:** |
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| **Details of the absence** | | | | | | | | |
| **Date of First day of absence:** | |  | | **Date of last day of absence:** | | |  | |
| **Total Number of days absent:** | |  | | **Expected date of return to school:** | | |  | |
| **Please provide the reason for this request including supporting evidence:** | | | | | | | | |
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| **Please read the following statement and sign to indicate you understand the this:**  Unauthorised absence and persistent lateness may result in the issue of a Truancy Penalty Notice to each parent/carer, for each child for the period of absence from school. This will be issued as an alternative disposal to prosecution for failing to secure regular attendance at school.  The Penalty Notice is £80 per pupil, per parent/carer if paid within 21 days, rising to £160 per pupil, per parent/carer if paid within 28 days.  **A second Truancy Penalty Notice issued within three years is not eligible for the reduction to £80** (from August 2024). Thereafter if the Truancy Penalty Notice remains unpaid after 28 days this may result in legal action be taken against you.  Failure to pay the Penalty Notice within the specified time will result in its withdrawal and will result in a prosecution under Section 444 Education Act for the non-attendance where the maximum fine is £2,500 and up to 3 months imprisonment.  Please note that for absences in excess of 15 days (30 sessions) prosecution under Section 444 Education Act 1996 may be considered, in accordance with the IW Council’s Code of Conduct which can be found at<https://www.iow.gov.uk/schools-and-education/school-attendance/family-holidays-and-school-holidays/>   Please note there is no provision for payment of the penalty notice in instalments. | | | | | | | | |
| **Signed:** |  | | **Full name:** | |  | **Date:** | |  |
| **Signed:** |  | | **Full name:** | |  | **Date:** | |  |

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| **To be completed by the school:** | | | | | |
| **Date request received by the school:** |  | | **Total number of days requested:** | |  |
| **Child’s Name:** | | **Current % Attendance** | | **Application Authorised or Declined?** | |
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| Comments | | Please see attached letter. | | | |
| **Principal:** | |  | | | |
| **Signed:** | |  | | **Date:** |  |