



APPLICATION FOR LEAVE OF ABSENCE

The schools within the Jefferys Education Trust believe that full attendance and punctuality are essential for all children to enable them to reach their full potential in all aspects of life.

Parents have a legal duty to ensure regular and punctual attendance by their child at school. Holidays should be taken during the **school holiday period**.

Please fill in this form to request the Headteacher of your child's school to authorise a leave of absence during term time. **There is no entitlement for any family holiday or leave of absence** and the Headteacher will only consider the request in **exceptional circumstances**. Our school is following Southampton City Council's commitment to raising attendance and will robustly challenge unauthorised absence.

Please note the following:-

- **Applications should be made at least 3 weeks in advance.**
- Parents are strongly advised to apply for leave of absence before they confirm their arrangements.
- Any requests for leave of absence that are not granted, but subsequently taken, will result in the absence being recorded as unauthorised.
- Unauthorised absence may result in the issue of a Fixed Penalty Notice to each parent, for each child absent.
- Unauthorised absence may result in a referral to the Education Welfare Service and can lead to prosecution.
- If a pupil does not return to school on the agreed date and no communication is received from parents, the pupil may be removed from the school roll.
- Under no circumstances will a request for leave of absence in term time be authorised after it has taken place.
- The Headteacher will notify you of a decision within 10 days of the receipt of this form.
- A separate application must be made to each of the schools your children attend.

A copy of the School Attendance Policy can be obtained from the school office and includes the arrangements for term-time leave of absence in more detail.



To the Headteacher (To be completed by Parent/Guardian)

Student's Name:		Class:	
Current Address:			
From (first day of absence)	To (last day of absence)	Number of school days missed	
Who will the child be travelling with:	Address of the parent the child will be travelling with if different from above:		
Have you previously had leave of absence for this pupil during this academic year?		YES	NO
If YES, please give dates:-			
Are you applying for leave of absence for a sibling at another school?		YES	NO
If yes, please confirm name of school			
If yes, please confirm full name of siblings and date of birth			

Please give the reasons why this leave of absence must be taken during school term time:
(NOTE: cost of holiday or work commitments is not deemed as an exceptional circumstance)

Please provide an emergency telephone contact during the period of absence.
If travelling outside of the UK this must be a UK resident.
(Please include name and relationship to child)

I apply for leave of absence for my child

Signed: Parent/Guardian	Print Name:	Date:
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TO BE COMPLETED BY SCHOOL

Average % attendance over 2 years: _____

CURRENT YEAR ATTENDANCE	%	PREVIOUS YEAR ATTENDANCE	%
Authorised absence	%	Authorised absence	%
Unauthorised absence	%	Unauthorised absence	%
<small>CODING INFORMATION INCLUDING NUMBER OF SESSIONS MISSED</small>		<small>CODING INFORMATION INCLUDING NUMBER OF SESSIONS MISSED</small>	

Is the leave request exceptional? Please consider and indicate the following before deciding if this is an exceptional circumstance;

Rare	Y / N	Significant	Y / N	Unavoidable	Y / N	Short	Y / N
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Leave of absence is APPROVED
(This absence will be recorded as authorised)

Leave of absence is NOT APPROVED
(I regret that your child's absence in the circumstances would be recorded as unauthorised)

Signed: _____ Position: _____ Date: _____