



ST. JOHN BOSCO CATHOLIC PRIMARY SCHOOL LEAVE OF ABSENCE REQUEST FORM

The Department for Education has advised schools to only authorise leave of absence in ‘exceptional’ circumstances, hence School will not approve any absence in term time, except in such circumstances. The Headteacher will determine whether the reason given for requesting leave of absence is exceptional or not. Please also note that there is no automatic right to take holidays in term time nor will your child/ren’s overall attendance affect the Headteacher’s decision. Please complete the section below and return to school at least one month before the requested absence. School will endeavour to respond to your request within 5 working days. If your request for leave of absence is approved your child will be expected to collect and complete all missed work. Please note that taking your child away during the school term is detrimental to their educational progress.

If leave of absence is taken without approval, this information will be passed to the Local Authority and a Penalty Notice **may be issued without further warning**. Each parent who is liable for the pupil’s offence (s) can be issued with a penalty notice. **If issued with a first penalty notice the parent must pay £80 within 21 days or £160 within 28 days.** Penalty notices must be paid directly to the local authority. If the fine is not paid after 28 days, the local authority can decide whether to prosecute or withdraw the notice.

Pupil’s Name(s)	Date of Birth	Year/Class

Reason for leave of absence in term time: (This must be completed) If the absence is for religious observance, please include the name and contact details of your place of worship.

Absence Period from (1st day of absence)		To (return date to school)	
Number of school days to be missed		Date Request sent to school	

Full Name of Parent/Carer 1		Signed	
Full Name of Parent/Carer 2		Signed	

School use only

Has leave of absence already been taken this school year?			
This request for leave of absence is Approved			
This request for leave of absence is Not Approved			
Name			
Signed			
Date			
Letter Issued:	Initial Letter	2 nd Letter	Referred