

**REQUEST FOR LEAVE OF ABSENCE IN TERM TIME**

Withdrawal from Learning Application:

For Exceptional Circumstances

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WHAT IS GOOD ATTENDANCE**  **175 Days to spend on family, visits, holidays, shopping household jobs and other appointments.** | | | | | | |
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|  |  |  |  |  |  |  |
| 190 Days | 185 days |  | 175 days | 167 days | 152 days | 143 days |
|  |  |  |  |  |  |  |
| 100% | 97% |  | 92% | 88% | 80% | 75% |
|  |  |  |  |  |  |  |
| Perfect | Concern | | Worrying | | Serious concern | |

With 175 days already marked out as ‘non-school-days’, you should have an **exceptional reason** to withdraw your child from school.

The vast majority of headteachers do not authorise any absence in term time, in fact, many schools refused 100% of requests last year.

Your child has the right to a full time education and the opportunities that this can bring. We hope that you will work in partnership with us to make sure that your child attends school every day, allowing them access to the education they deserve.

If you take your child on an absence during term time, authorised or unauthorised, we are unable to allow them to participate in any residential trips within the following 12 months. If your reservation was made prior to this absence request, full payment for the trip may still need to be made.

If you wish to continue with your request please complete the form on the reverse. This should be returned to the school office a minimum of 14 days before the withdrawal from learning.

**Withdrawal from Learning Application**

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**I understand that if the request is unauthorised the Education Support, Behaviour & Attendance Service will be notified of the absence taken and a legal intervention may be instigated in the form of a Penalty Notice.  If a Penalty Notice is issued it will be to each parent for each child taken out of school and that this is a fine of £60 which increases to £120 if not paid within the first 21 days.  I understand that if I do not pay this will result in legal action.**

To be completed by parent/carer

Childs Name …......…………..………………………….…..….…………………. Year……..………

Date of withdrawal from learning ………………..… Date of return to learning………….………..

Total number of learning days missed. …..………………………….………………………………….

Reason withdrawal from learning is requested: ……………….……………………………………….

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Name of siblings and school attended …………………….……………………………………….……

Name of Parent/Carer making application ……………………………………………………………..

Home Address……………………………………………………………………………………………..

Signed…................................................................ Dated……………………………………….