

Stepgates Community School

Learning and Growing Together

Headteacher: Mrs. Tara Ford



APPLICATION FOR LEAVE OF ABSENCE

Child's name 1 _____ Class _____

Child's name 2 _____ Class _____

Date(s) of requested absence

From: Day (e.g. Monday) _____ Date (day, month, year) _____

To: Day (e.g. Monday) _____ Date (day, month, year) _____

Total number of days absent from school would be _____

Reason for Requested Absence: (Please provide full explanation of the 'exceptional circumstances' requiring absence during term time. If more space is required, please continue on reverse of the form)

Parent/Carer name _____

Parent/Carer signature _____

Date _____

Please note the following:

In line with our Attendance Policy, Government Regulations and Laws we do not authorise any absences for holiday purposes during term time unless in exceptional circumstances. Where a child is taken out of school during term time without the written authorisation and approval of the Headteacher, each parent/carer may be liable to receive a Penalty Notice for each child. Further details regarding this can be found in our Attendance Policy on the school website: www.stepgatesschool.co.uk

For office use only: All Leave of Absence requests to be passed to the Headteacher for final decision.

Attendance: Authorised absence: Unauthorised absence:

Request denied _____ Request approved _____ Fine Yes / No

Headteacher's signature _____

A letter informing parents/carers of the outcome of the request will be sent home.

Comment(s) to be included in letter: