

## Dobcroft Schools- Leave of absence in term time request form

## Dobcroft Infants/Junior School



Name:		Name and address	s of parent or carers:	
class:				
Year:				
Siblings in this or other schools (name, DOB,		Telephone numbe	er:	
school attending):				
		Mobile number:		
		Email:		
Requested dates of absence from and to (inclusive):				
From: To:				
Outline the exceptional circumstances that require your request for leave of absence during term time:				
What steps have you taken to minimise the impact of the leave on your child's learning:				
Emergency Contact Details (UK and Abroad ) – name, telephone number & relationship:				
UK:				
Abroad:				
<ul> <li>I confirm that the information on this form is true</li> <li>I agree to keep school informed of any changes to my travel arrangements or if my child is</li> </ul>				
	school on to due date	cuted for any time w	which my child is absent from	
I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Headteacher				
Signed by Parent/carer	Print name & relationship	to child	Date	



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FAO The Attendance Officer (School use only)	Date request received:			
Has the request been discussed with the parent/carer?  Date:				
No of school days requested:				
Current Attendance figure:	_ %			
If during Autumn or Spring term, please record previous year's figure here %				
Is leave of absence authorised? YES / NO				
Number of days authorised: Number of days unauthorised:				
NO Does not meet School Policy				
YES Exceptional circum	Exceptional circumstances			
Comments:				
Date of decision				
School cannot authorise leave of absence including term-time holidays unless there are exceptional circumstances. 5 or more consecutive days of unauthorised absence will result in the issuing of a fixed penalty notice regardless of the				
child's attendance record.				
Signature:	Date:			
Head teacher				