



**APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME**

**Important information for parents – please read before completing this form** [Working together to improve school attendance](#)

advises all schools that they should only grant a leave of absence during term time in exceptional circumstances, considering each request on a case-by-case basis. If a leave of absence is granted, it is for the headteacher to determine the length of time the pupil can be away from school. Although we recognise the value and benefits of family holidays, it is unlikely a leave of absence will be granted for a family holiday as the Government ‘does not consider a need or desire for a holiday or other absence for the purpose of leisure and recreation to be an exceptional circumstance.’

Requests for leave must be made in advance, otherwise we will be unable to consider your individual circumstances, and the absence will be recorded as unauthorised. Headteachers are not obligated to reconsider authorising leave if an application was not made in advance.

Our aim is for every pupil’s attendance to be 100% unless there are exceptional or unavoidable reasons for absence. If you require any support with ensuring your child’s attendance, please contact Mrs Allison Weller E-mail: [absence@spaldinggrammar.lincs.sch.uk](mailto:absence@spaldinggrammar.lincs.sch.uk) Telephone: 01775 765800 Ext 202.

**I have read the above information and wish to apply for leave of absence from school for:**

Child’s Full Name:	Date of Birth:	Class:

**Parent/Carer Details (please list all parents)**

<b>First Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Relationship to the child:</b>	
<b>Address and postcode:</b>			
<b>Telephone number:</b>			
<b>First Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>		<b>Relationship to the child:</b>	
<b>Address and postcode:</b>			
<b>Telephone number:</b>			

**Siblings: Please provide the name of any siblings and the school that they attend**

Child’s Full Name:	Date of Birth:	School:

Details of the absence			
Date of First day of absence:		Date of last day of absence:	
Total Number of days absent:		Expected date of return to school:	

**Please provide the reason for this request including supporting evidence:**

**Please read the following statement and sign to indicate you understand the this:**

I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren's progress. I understand that a penalty notice may be issued if this request is denied, and my child is absent during this period. I understand that a fine will be payable per parent, per child.

I have read and understood Lincolnshire County Council's information regarding penalty notices for absence from school and the action they may take.

<b>Signed:</b>		<b>Full name:</b>		<b>Date:</b>	
<b>Signed:</b>		<b>Full name:</b>		<b>Date:</b>	

To be completed by the school:			
Date request received by the school:		Total number of days requested:	
Child's Name:	Application Authorised or Declined?		
Reason for school's decision:			
In the case of a term time holiday please confirm which parent took the holiday:			
Headteacher:			
Signed:		Date:	