



Headteacher: Mrs L Mayes

REQUEST FOR AUTHORISED ABSENCE

New government guidelines (in force from 1st September) require schools to inform parents that a much firmer stance is being taken on requests for time off in term time.

Please note that parents do not have the right to take children out of school for holidays. Full DfEE guidelines regarding a 'Attendance' are available on the DfEE web site.

Permission for time-off in term-time may be granted where **exceptional circumstances*** apply or if it is for a special occasion; the headteacher will consider all requests on a case-by-case basis. Please give details as to why you are requesting time out of school in the space below. Time off is strongly discouraged in September for any child. All requests for time-off in May for Years 2 or 6 pupils will be refused as they will be sitting national assessment tests.

*Exceptional circumstances could be where:

- Parents are Forces Personnel and time-off is requested before or after a posting
- Significant events or circumstances like the wedding of a close relative (one day)

The following would not meet the criteria unless there are additional circumstances:

- Relatives coming to visit
- Family holidays
- Family day trips
- Visiting family who have different holidays
- Booking holidays that fit with another school's holiday timings

In making a decision the school will take account of:

- The age of the child
- The time of the year
- The nature of the request
- The overall attendance pattern of the pupil
- The child's stage of education and progress

PLEASE COMPLETE BOTH SIDES OF THIS FORM

I would like to take (*child's name*)
– *one form per child*)

who is in Classout of school for the following reason (Please complete one of the following categories):

Medical: (please specify Doctors/Dentists etc and include copy of appointment letter)*

.....
(where possible your child should be in school before and after the appointment)

Special occasion or circumstance: (*family holidays are not exceptional circumstances, please provide details of why your request is an exceptional circumstance*)

.....
.....

* (*Replies will not be returned to you if you are informing us of a medical appointment, musical exam etc*).

My child's absence will be on the following dates:

1st Day of absence:..... Last day of absence:

Total Number of days:

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

Please delete/complete as appropriate:

- Will the absence mean that the child's attendance drops below 95%? Yes/No
- Is the request for time off in September? Yes/No
- Is the request for time off for a Year 2 or 6 child during May? Yes/No
- Has the child already had authorised time out this year? No. of days..... Yes/No
- Was time off in term-time requested last year? Yes/No

I understand that it is my responsibility to ensure that my child attends school, and that by taking them out of school they may be referred to the Education Welfare Officer at the Local Authority.

Based solely on a child's educational needs Lethbridge Primary School does not endorse the removal of a child from education to go on holiday. Time-off will not be authorised if a child's attendance is below 95%.

If an absence is unauthorised, the Local Authority could issue a fixed fine of £60 per child, per parent, per period. This must be paid within 21 days. The fine rises to £120 per child, per parent, per period of absences, if they pay within 28 days. Failure to pay the Penalty Notice could result in prosecution through the courts. Any money collected is not given to the school but retained by Swindon Borough Council. For further information on 'Penalty Notices' refer to the DfEE regulations.

Parent email address:

Signed..... Date

(Parent/Guardian)

PLEASE RETURN THIS FORM TO: ABSENCE@LETHBRIDGEPRIMARY.CO.UK GIVING AT LEAST ONE WEEK'S NOTICE.

We acknowledge the above request for leave of absence on the date(s) specified.

Your child's attendance is currently %

The absence will be recorded as follows:

..... days authorised absence days unauthorised absence

Headteacher's Signature:

Comments:

Date: