Leave of Absence Request Form

Parents of registered pupils have a legal duty under the Education Act 1996 to make sure that children of compulsory school age attend school regularly. Schools are unable to authorise leave during term-time unless under exceptional circumstances and may refer cases to Swindon Borough Council.

If a parent/carer takes their child out of school without permission being granted, this will count as an unauthorised absence on the pupil's record. Unauthorised absence may incur a fine from Swindon Borough Council. There is a risk of a £80 penalty notice, per parent, per child, ***or*** prosecution through the courts. Any second penalty notice issued to the same parent for the same child within a rolling 3-year period, will be charged at the higher rate of £160 with no option for this second offence to be discharged at the lower rate of £80. If 2 fines have been issued within 3 years, then Swindon Borough Council may consider prosecution through the courts for further reported unauthorised absence as per the Statutory Guidance "Working Together to Improve School Attendance 2024."

A penalty notice can be issued to each parent/carer who is intrinsically involved in the day to day caring responsibilities (including step parents/parent's partners.)

Examples of absence from school that will not be authorised include but are not limited to:

- A holiday
- A leave of absence for recreation or leisure
- Birthdays
- Resting after a late night
- Relatives visiting or visiting relatives

This request should be submitted as soon as it is anticipated: and wherever possible, at least three weeks before the absence. Leave of absence cannot be approved retrospectively.

Please return the form to the school office in person or EMAIL: absence@lethbridge.bluekitetrust.org. School will respond to your Leave of Absence Request to inform you if this absence has been authorised or unauthorised.

For completion by parent/carers

First name of pupil:		Surname of pupil:	
DOB:		Class:	
Full name of parent/carer:		Relationship to pupil:	
Name of second parent/carer:		Relationship to pupil:	
Address of pupil:		Address of parents/ carer	
Address of second parent/carer if different from above.			
Reason for absence request:			

Reason for absence (to be completed by parent/carer – PLEASE TURN OVER)

Length of absence: (Number of School Days)		From (date):	To (date):
Are there any exceptional circumstances?	Yes/No	Evidence Provided	Yes/No
Is this for a medical reason?	Yes/No	Medical evidence provided	Yes/No
Will your child miss any national tests or assessments?	Yes/No	Does this proposed absence overlap with the beginning or end of a new term?	Yes/No
Is the proposed absence during the month of September?	Yes/No	Has your child had a leave of term-time absence in the last 3 years?	Yes/No Number of days:
Address whilst absent:			
Emergency contact number:			
Please give a detailed explanation of any special circumstances for this requested absence.			
Parent/ Carer's signature:			Date:

PLEASE RETURN THE FORM TO THE OFFICE IN PERSON OR VIA EMAIL TO: absence@lethbridge.bluekitetrust.org

School Section (to be completed, kept by school and a copy returned to parent/carers)

Reason for absence: Absence code used (e.g. O or G)	Authorised: Yes/No Number of school days:	Unauthorised: Yes/No Number of school days:
Leave of Absence Request reply has been to returned to parents: Date:	Letter Phone Call Email Text Meeting	
Any other relevant evidence provided (e.g. death certificate):	Evidence provided:	
Medical evidence provided:	Evidence provided:	
Previous Penalty Notices:		
Any previous LA's the pupil has lived in in the last 3 years:		
DSL Name:		Signature:
School authorised signatory name:		Signature: