

**APPLICATION BY PARENT/CARER FOR CHILD'S LEAVE OF ABSENCE  
FROM SCHOOL DURING TERM TIME**

*Before completing this application form please read the attached notes carefully and consider the 'Every School Day Counts' information.*

Name of Pupil..... Class .....

Home Address .....

.....  
I wish to apply for my child(ren) to be absent from school during the following dates:

Date of last day at school ..... Date of return to school .....

Total proposed number of school days to be missed .....

Reasons for leave of absence from school:

.....  
.....  
.....  
.....

*[Continue overleaf if necessary]*

*I apply for my child (named above) to have authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Penalty Notice or a Summons for irregular school attendance under the Education Act 1996.*

Name of Parent/Carer making application .....

Signed ..... Date .....

**PLEASE RETURN THE COMPLETED APPLICATION FORM TO THE  
SCHOOL GIVING AT LEAST 6 WEEKS' NOTICE OF INTENDED ABSENCE**

*In circumstances where a shorter period of notice is required, the parents should indicate clearly reasons why the short notice for the Leave of Absence was unavoidable.*

*A decision will normally be made within 5 school days. If a longer consultation period is required you will be notified accordingly.*