Leave of Absence Request Form

This form should be completed and submitted to your child’s College Administrator at least 3 weeks before the start of the proposed leave of absence. For same day medical emergency appointments please complete this form and bring it with you. Separate forms should be completed for each child.

Parents/guardians are reminded that Leave of Absence taken without permission, or not returning on the stated date may result in the issuing of an education penalty fine by the Local Authority of £60 (rising to

£120 if not paid within 21 days) per parent per child on prosecution in the magistrates’ court.

Parents are also reminded that due to the changes in government regulations from September 2013 that Leave of Absence for the purpose of holidays in term time can no longer be granted except in exceptional circumstances.

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| Name of Child |  |
| Tutor Group |  |
| Date of Absence |  |
| Time Leaving School |  |
| Time Arriving Back at School |  |
| Name and address of the parent/carer(s) who is accompanying the student |  |
| Telephone number |  |
| Email Address |  |
| Reasons for request: (Please state why you consider there are exceptional circumstances). Please provide evidence of appointment i.e. medical letter | |

Signatures of parent/carer(s) student resides with:

|  |  |
| --- | --- |
| Signed | Date |