

LEAVE OF ABSENCE REQUEST

The Headteacher will consider each request for absence individually but can only grant such requests in exceptional circumstances.

There is no right of appeal as the authorisation of the absence is the sole responsibility of the Headteacher. The Headteacher cannot give retrospective approval so any request should be made in advance by least 2 weeks.

All requests for leave of absence must be made using this form. Completed forms must be returned to the school office. If you require help completing this form, please contact the school office and staff will be happy to assist you. Requests will be considered on an individual basis.

Leave of absence taken without the Headteacher's permission, or failure to return on the agreed date, will mean that the absence is unauthorised and marked as (G) unauthorised holiday. The deliberate taking of unauthorised leave in term time may result in parents/carers being liable to a penalty notice. Any leave of 5 school days (10 or more half day sessions) period may result in a penalty notice. Penalty notices are issued to each parent per child if paid within 21 days increasing if paid between 21 and 28 days. Please see www.medway.gov.uk for up-to-date charges. Leave of absence taken without any notification to the school will be marked as (O) unauthorised absence and may still result in a penalty notice.

Leave of Absence request

Leave of absence will only be granted in exceptional circumstances and all leave requests must be approved by the Headteacher before the leave commences.

Parents/Carers – please complete this form and return it to the school office providing at least two weeks' notice except in an emergency or in unforeseen circumstances.

| Attendance to date | % Absence previously authorised _ | days |
|--|-----------------------------------|------|
| For office use: | | |
| | | |
| | | |
| Date | | |
| Signature of Parent Carer | | |
| Parent/Carer Name | | |
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| | | |
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| | | |
| | | |
| | | |
| necessary. Please attach any supporting evidence | | |
| Reason (including any exceptional circumstances). Please continue on a separate sheet if | | |
| To be absent from school: From to I expect my child/children to return to school on | | |
| | Class | |
| | Class | |
| Name | Class | Year |
| I wish my child/children: | | |