Leave of Absence

SCHOOL NAME: The Garibaldi School



APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME Time off school is not a right and as a Parent/Carer, you should complete this form and return it to your child's school AT LEAST SIX (6) WEEKS before the date when you want the period of absence to start. (Please ensure all children are included on this application). Child's Full Name.... Address Period of Absence: From.......To.....(inclusive) Reason Requesting Absence (if request is for a family holiday, please give exceptional circumstances on why it MUST be in term time. Please continue on a separate sheet if necessary) Name:.... Relationship to child:.... (Applicant must be the parent carer the child normally resides with) Signed:.... Date:.... I make this application for my child to have an 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 be referred to the Local Authority for consideration of a penalty notice or other action. If you have other children in the family of school age please give details (Use additional sheet if necessary) Name D.O.B School Attended..... D.O.B School Attended..... Name D.O.B School Attended..... Name Decision re: Application for Leave of Absence During Term Time (For office use only) Att %:.... Authorised? Y / N Fine: Y / N Coding (please circle appropriate code): C – Leave of Absence authorised by school J - Interview M – Medical/Dental Appointment P - Approved Sporting Activity R - Religious Observance G – Unauthorised Family Holiday O - Unauthorised Absence Other (please specify) -Signed: