



LEAVE OF ABSENCE REQUEST FORM

Please be advised the Department of Education has advised schools' to only authorise leave of absence/holidays in **exceptional circumstances** hence School will not approve any absence in term time, except in such circumstances. Please complete the section below and return to school **at least one month** before the requested absence. School will endeavour to respond to your request within 5 working days. If approved your child will be expected to collect and complete all missed work. Please note that taking your child away during the school term is detrimental to educational progress

Please be aware that if holidays are taken without approval, this information will be passed to our Education Welfare Officer and a Penalty Notice may be issued without further warning. Payment of a Penalty Notice within 21 days is £60, between 22 and 28 days is £120. Penalty notices are issued to each parent per child More details at www.wokingham.gov.uk/penaltynotices or from the Education Welfare Service. Failure to pay the fine will result in the matter being taken to court.

Pupil's name.....Year

Reason for absence in term time? (This must be completed)If the absence is for religious observance, please include the name and contact details of your place of worship.

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Absence Period from (1st day of absence).....to (return date to school).....
Number of school days to be missed

Sibling details Name(s)/School(s)
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.....

Signature of Parent(s)/Guardian..... Date.....

Name of Parent(s)/Guardian (please print).....

School use only

Attendance% Unauthorised absence% Authorised absence.....%

Previous Year's Attendance.....% has holiday already been taken this school year? Yes / No

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School Response

Your request for leave of absence has been considered and has/has not been approved.

Signed:..... Date:.....

Name:.....