



NORTH WEST LEEDS SCHOOLS APPLICATION FOR EXCEPTIONAL LEAVE OF ABSENCE DURING TERM TIME

Name of School: St Chad's C of E (VA) Primary School	DfE Number: 383/3315
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Parents, you **do not** have the right to take your child out of school during term time. By law you must ask permission for your child to miss school. If you fail to gain the school's permission you risk receiving a fixed penalty fine. **The penalty is £120 and applies to each child for which permission has been refused.** All schools in the north-west area of Leeds have agreed to follow a common policy on absence during term time. Good attendance leads to improved outcomes for your child.

If you would like to apply for permission for your child to be absent from school you must complete this form and return it to the school for authorisation at least 10 school days in advance of the proposed leave.

PARENTS SECTION (to be completed first)

Surname of Child	First Name
Date of Birth	Year Group
Surname of Parent/Carer	First Name
Home Address of Child	
Postcode	Telephone Number

Parents must seek approval to withdraw their child from school in term-time. Please state the **exceptional circumstances** that require you to apply to take your child out of school during term time instead of making arrangements for the proposed activity to take place during the school holidays. **The cost, convenience or availability of a particular holiday will not be taken into consideration.**

Would (s)he miss any national tests or examinations?	Yes	No
Is her/his attendance already below 92% or a previously agreed individual target?	Yes	No
Is the requested absence during the month of September?	Yes	No
Would (s)he be absent for more than ten school days?	Yes	No
Has (s)he already had leave during term time this year?	Yes	No
If your child has had absence during term time approved during this school year please state the number of days previously agreed.	Days	
Does your child have any siblings for which you are requesting absence in term time in other schools?	Yes	No

If you have answered yes to the previous question please state which schools your other child(ren) attend.

Length of absence (school days)	Days	From (date)	To (date)
Emergency telephone contact in the Leeds district			
Parent/Carer signature			

Headteacher's comment

SECTION BELOW TO BE RETAINED BY THE SCHOOL

For school use only – The cost, convenience or availability of a holiday must not be taken into consideration

Does the absence requested occur in September?	Yes	No			
Does the absence occur during a period of national tests or exams?	Yes	No			
Is the child's attendance below 92% or an individually agreed target?	Yes	No			
If this request is approved will the child's absence exceed 10 days in this school year?	Yes	No			
Has the child had 2 days absence this year for religious observance?	Yes	No			
Has the child got siblings in another school for which an absence has been requested?	Yes	No	Other school contacted?	Yes	No
Signed:	Name (Print)	Designation	ABSENCE	No	Yes