

Telephone number:

Address and postcode: Telephone number:

First Name:

Brighstone C.E. Aided Primary School

Headteacher – Mrs R. Lennon

New Road – Brighstone – Isle of Wight – PO30 4BB – Telephone (01983) 740285

www.brighstoneprimary.org.uk

Charity Number: 307389

E-mail: office@brighstoneprimary.org.uk

APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Important Information for Parents – please read before completing this form

We expect every pupil's attendance at school to be 100% unless there are exceptional or unavoidable reasons for absence. Parents do not have any legal entitlement to take their child on holiday during term time. It is the Headteacher who decides whether a period of leave during term time will be authorised or not in line with legislation. The Education (Pupil Registration) (England) Regulations 2006 (amended in September 2013) make it clear that Headteachers cannot grant any leave of absence during term time unless 'exceptional circumstances' exist.

Every request for leave of absence during term time will reviewed on an individual basis with due consideration of the circumstances but the Headteacher can only grant leave of absence if they consider exceptional circumstances apply. If the exceptional circumstances are agreed, the Headteacher will determine the length of the absence to be authorised.

Any leave of absence during term time, which is not applied for or agreed to by the school, will be recorded as unauthorised and will be referred to the Local Authority which may result in a Truancy Penalty Notice (TPN) being issues or Prosecution under Section 444 Education Act for failure to secure regular attendance at school.

I have read the above information and wish to apply for Leave of Absence from school for:

Child's Full Name:

Date of Birth:

Class:

Parent/Carer Details (please list all parents)

First Name:

Surname:

Relationship to the child:

Address and postcode:

Surname:

Relationship to the child:

Siblings: Please provide the name of any siblings and the school that they attend						
Child's Full Name:	Date of Birth:	School:				

Date of First d	absence														
Date of First d	ay of			Date	of last day	of									
absence:				abse	nce:										
Total Number	of days			Expe	cted date o	f return									
absent:				to sc											
Please provide	the reason fo	r this reques	et including s	unnortin	a ovidence:										
Please provide	tile reason to	i tilis reques	st illiciduling s	upporting	g evidence.										
Please read th	e following sta	atement and	sign to indic	cate vou u	nderstand t	this:									
							_	_							
· ·	_		•	'			•	I would like to request the above absence. I understand that the school strongly advises against taking unnecessary absence during term time and accept that this may have a detrimental impact on my child/ren's							
	progress. I understand that a penalty notice may be issued if this request is denied and my child is absent during this period. I understand that a fine will be payable per child, per parent of £160 if paid within 28 days but														
THE OPTION I	nderstand that	•	•		•		•	sent during							
		t a fine will b	oe payable p	er child, p	•		•	sent during							
reduced to £86		t a fine will b	oe payable p	er child, p	•		•	sent during							
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reduced to £8		t a fine will b	pe payable paid within 21	er child, p	•	of £160 if pa	aid within 28 c	sent during							
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