Mrs Bland's Infant and Nursery School
LEAVE OF ABSENCE REQUEST FORM

The Department for Education has advised schools to only authorise leave of absence in 'exceptional' circumstances, hence School will not approve any absence in term time, except in such circumstances. The Headteacher will determine whether the reason given for requesting leave of absence is exceptional or not. Please also note that there is no automatic right to take holidays in term time nor will your child/ren's overall attendance affect the Headteacher's decision.

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 your request for leave of absence is 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 their educational progress.

If leave of absence is 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 per parent / carer per child; between 22 and 28 days it is £120. Penalty notices are issued to each parent, per child. Further details are available on the Wokingham Council website or from the Education Welfare Service. If the fine is not paid by the 28-day deadline, the matter will be taken to court.

Pupil's name……………………………………………..Date of Birth…………………Year/Class …………………

Reason for leave of 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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Full Name of Parent / Carer 1 ....……………....

Full Name of Parent / Carer 2…………………………………………………………………………………………...

Signature/s of Parent/s / Carer/s………………………………………………………………………….Date:……………

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School use only

Has leave of absence already been taken this school year?   Yes ☐   No ☐

This request for leave of absence is   Approved ☐   Not Approved ☐

Signed:………………………………………………….Name:………………………………………… Date:…………..