# St Matthew’s Primary School

19 Norfolk Street, Cambridge CB1 2LD

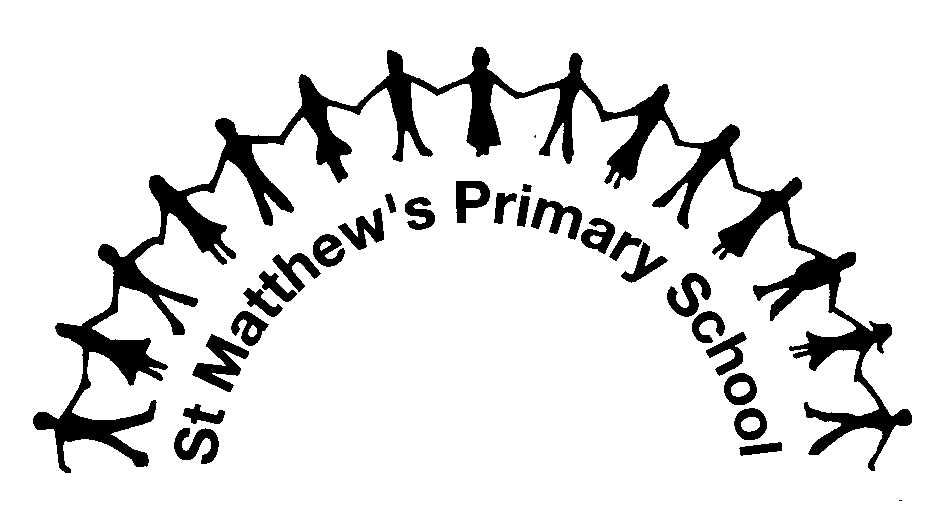
Telephone: 01223 568838

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Web site: www.stmatthews.cambs.sch.uk

Headteacher: Mr T. Davies



**Application for Leave of Absence for a School Pupil in Term-Time in Exceptional Circumstances**

Dear Parent/Carer,

The attached form is used to apply for special leave of absence for a child during term time. When making an application it is important to have regard to the following.

It is important to remember that children attend school regularly to benefit from their education. Absence from school leaves children vulnerable to falling behind with their learning.

**The Education Regulations 2006, as amended by Education Regulations 2013, no longer permit Headteachers to authorise leave for holidays.**

* Headteachers shall not grant any leave of absence during term-time unless they consider there to be exceptional circumstances relating to the application.
* The Headteacher must be satisfied that exceptional circumstances warrant the granting of a leave of absence.
* The Headteacher will determine how long the absence should be and any additional absence will not be authorised.
* Parents whose children have unauthorised absence may be subject to a Fixed Penalty Notice and /or prosecution.

Section 7 of the Education Act 1996 says that parents have a legal duty to ensure that their children of compulsory school age receive a suitable full-time education through regular attendance at a school or otherwise (e.g. home education). For a child who is of compulsory school age, who is registered at school and fails to attend regularly, it is the parent that will be guilty of an offence (Section 444 (1).

**We have a shared responsibility to ensure that the law is upheld and that your child achieves to his/her full potential.**

**If you are applying for leave of absence for your child, please have regard to the above and follow the procedure below:**

1. The application must be made **in advance** by the parent(s) that the child normally resides with.
2. Please be clear on the form why the application is exceptional. Applications for leave of absence should be:
   * rare,
   * unavoidable (the leave has to happen when it does, it cannot be arranged for the school holidays)
   * short (as little time as possible given the exceptional circumstance).
3. In considering the application, the school will consider the above alongside the child’s overall attendance, the frequency of such requests and the impact on the child’s attainment, progress and well-being.
4. Please complete a separate Leave of Absence form for each child

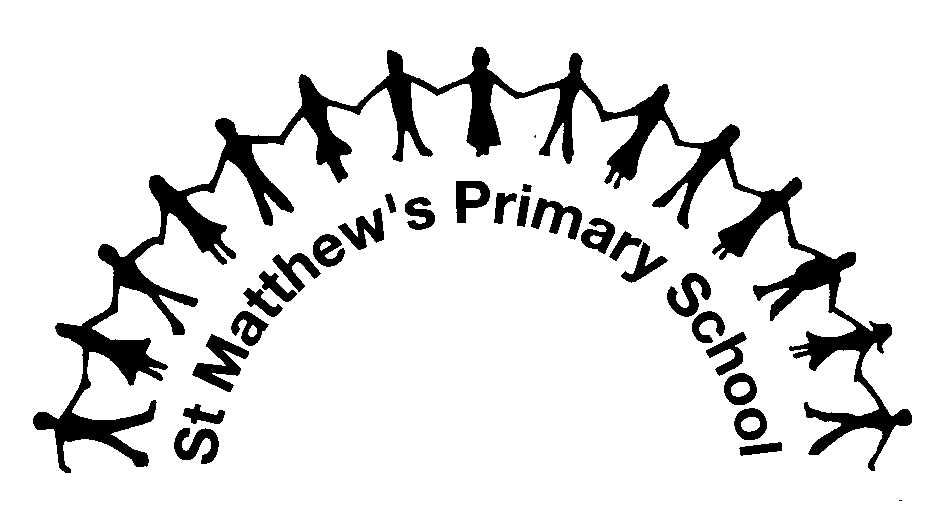
Please note that parents can be issued with a Fixed Penalty Notice or prosecuted for unauthorised absence including holidays.

**We look forward to your co-operation. Thank you.**

**Yours sincerely,**

**Annabelle Lewis**

**Assistant Head Teacher**



**Application for Leave of Absence for a School Pupil in Term-Time in Exceptional Circumstances**

**Please complete this form and return to the school office for the attention of Annabelle Lewis, Assistant Head Teacher with responsibility for attendance.**

I wish to apply for Leave of Absence from school to be granted to:

Name of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Proposed Absence: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Proposed Absence – please provide reasons to support the application including evidence.

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Total Days Requested On This Occasion

Signature of Parent / Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **FOR SCHOOL USE ONLY**  Dates checked: Y / N Class Teacher informed: Y / N Current Attendance Rate % : \_\_\_\_\_\_\_  Previous Leave taken: Y / N (dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )  Reason for decision: ...........................................................................................................................................................................  1st Date of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected date of return to school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorised: Y / N Code used: \_\_\_\_\_  Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |