

REQUEST FOR LEAVE OF ABSENCE DURING THE SCHOOL TERM

WARNING TO PARENTS AND CARERS

Completing this form will not give you automatic permission to take your child on leave during term time. Whilst parents/carers/guardians can provide explanations for absences, it is at the Academy's discretion as to whether this absence will be authorised or unauthorised.

The Brooke Weston Trust Academies and the Local Authority have been working together to reduce the amount of leave in term time by requesting Penalty Notices are issued under Section 444(1) of the Education Act 1996 (amended regulations 2013).

Parents need to be aware that a Penalty Notice will be issued for 5 days of absence. (10 sessions)

There is clear evidence that any absence can and will have impact on attainment. It is therefore important that schools maintain good attendance levels and that parents support this by ensuring their children attend school regularly.

Other criteria for Penalty Notices include a pupil having a high number of unauthorised absences within an academic year and where a suspended pupil is found in a public place during school hours without justifiable explanation.

A Penalty Notice results in:

- **Cost of £60 per parent/adult for each student/child. This will require payment being made to the Local Authority within 21 days.**
- **The cost increases to £120 per parent/adult for each student/child if payment is not received within 28 days.**
- **If the Penalty Notice is not paid in full by the end of the 28-day period, the Local Authority will instigate Court Proceedings and the outcome of prosecution could be up to £1,000 per parent/adult.**

Further advice and guidance on this matter can be located through the Department of Education website entitled "Advice on School Attendance" or the Northamptonshire County Council website entitled "Attendance & Behaviour Support for Parents".

I am requesting permission to take exceptional leave of absence for the child/children named below:

- Name:
- Number of School Days Absent:
- Period of Absence: From: To:
- Date of return to school:
- Destination:

Reason for request for exceptional leave:

Names of adults who will be accompanying the child/ren during this requested period:

Details of person(s) to be contacted if your child does not return to school on the agreed date:

- Name of contact person:
- Address of contact person:
- Telephone number of contact person:
- Email address of contact person:

Signature of Parent/Carer/Guardian: _____

Date: _____