

Leave of Absence Application Form 2024/2025

Parents/Carers/Guardians have a legal responsibility to ensure their child/children's attendance at school. Good attendance is linked to higher achievement. Under Government legislation, the Headteacher is only able to authorise leave of absence of a pupil during term time, if they deem the reason/s given for the leave of absence to be exceptional circumstances. The Headteacher will consider your application using the information you have provided below so please include as much information as possible. You will be notified of the Headteacher's decision in writing.

Applications should be received at least three weeks in advance to allow consideration

Pupil Information:

FORENAME	SURNAME	DATE OF BIRTH	YEAR GROUP	CLASS/TUTOR	
Details of siblings at other schools that will be travelling: (Please note that we may contact these school/s in relation to this application)					
Name of sibling/s:		Current school/s	schools:		
I am applying for lea	ave of absence for my	/ child/children			
frame		la.			
irom:		to:			
Total number of scho	and days absorts				
Total Homber of scho	ooi days absein.				
Please explain fully t	he purpose of this ab	sence & why it canno	t take place during	the 13 out of term	
time weeks:	ne porpose or mis ab-	seriee a willy il callilo	riake place doming	The 10 out of letti	
Name of City/Count	ry being				
visited during the lea	ive of				

Tel: 02380 767988

Email: info@vermontschool.co.uk

absence? Please note, we may ask for outbound and inbound flight confirmation concerning the leave of absence.		
Parent/s email addresses and contact telephone numbers whilst on the leave of absence:	Email: Telephone Number:	-
	Current Address:	
Has your child had leave of absence in the last 12 months?	Yes/No	
If yes, please provide dates/details:		
I submit the information above		
for consideration by the	Signed:	Printed:
Headteacher:	Relationship to Pupil:	
	Date:	

Leave of Absence Application Decision 2024/2025

For School Use and Completion Only (Not to be sent to the Parent/s)

PUPIL INFORMATION

FORENAME	SURNAME	DATE OF BIRTH	CLASS	% ATTENDANCE (over last 12 months)			
-							
Dates the pupil/s are g	oing to be absent:						
Number of school days the pupil/s are going to be absent:							
Contact made with the sibling/s school/s: (date and time called plus information gained)							
Having considered this request carefully, my decision is the leave of absence application is:							
Invite parent/s in for a meeting to find out further information regarding their application for Leave of Absence							
Approved – the entire al	osence will be recorded a	s authorised (code C, C1 c	orPorJ1 orRorT)				
Not Approved – the absence will be recorded as unauthorised (code G or O) and the school will not request any further action to take place concerning this unauthorised absence.							
Not Approved- the absence will be recorded as unauthorised absence (code G or O) and the school will request a Notice to Improve to be issued for the unauthorised absence.							
		nauthorised absence (coc d as this is the first unautho					
		nauthorised absence (coc ed as this is the second un					
Not Approved- the abse	secution to be instigated f	nauthorised absence (coc or the unauthorised absen					
Explanatory notes reg							

Signed:	(Headteacher/Principal) Date:	