Westfield Family of Schools Leave of Absence in Term Time Request Form

Name:	Name and address of Parents or Carers:	
Form		
or class:		
Year:		
Siblings in this or other schools (name, dot	Telephone number: D.	
school attending ):		
	Mobile number:	
	Email:	
	Elilali.	
Requested dates of absence from and to (i	nclusive):	
From: to:		
Number of days:		
Outline the exceptional circumstances that require your request for leave of absence during term time		
What steps have you taken to minimise the impact of the leave on your child's learning?		
Emergency Contact Details (UK and Abroad) - name, telephone number & relationship.		
UK:		
Abroad:		
• I confirm that the information on this form is true		
<ul> <li>I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on to due date</li> </ul>		
• I am aware that if my child does not return to school by the date provided that he/she may lose		
<ul> <li>their place at this school</li> <li>I am aware that I may be fined and/or prosecuted for any time which my child is absent from</li> </ul>		
school that has not been authorised	d by the Headteacher.	
Signed by parent/carer	Print name & relationship to child Date	

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FAO The Attendance Officer	Date request received:	
School use only		
Has the request been discussed with the parent/carer? Date:		
No of school days requested:		
Current Attendance figure%		
If during Autumn or Spring Term, please record previous year's figure here %		
Is leave of absence authorised?	YES / NO	
Number of days authorised:	Number of days unauthorised:	
NO Does not meet School Policy		
YES Exceptional circumstances		
Reason for leave of absence not being authorised, please indicate:		
Date of decision letter sent to parent/carer:		
Schools cannot authorise leave of absence including term-time holidays unless there are exceptional circumstances. 5 or more consecutive days of unauthorised absence will result in the issuing of a fixed penalty notice regardless of the child's previous attendance record.		
Signature:	Date:	