**LEAVE OF ABSENCE REQUEST FORM**

If you wish to apply for ‘Leave of Absence’ for your child, please read and complete this form.

Full attendance is vital for your child’s educational progress. Foxhill expects all parents/carers to ensure that their children attend school regularly. Absences due to holidays taken in term time can seriously impact on a pupil’s academic attainment. **Our policy is to only grant leave in the most exceptional circumstances.** If permission is given for ‘Leave of Absence’ the Headteacher will determine the number of authorised days.

**Taking ‘Leave of Absence’ without the schools permission could result in you being issued with a Penalty Notice Fine of £60.00. Penalty notices are issued per parent per child.**

**From 1st April 2023**, **Bradford Education Authority will consider legal action through the magistrates court as opposed to penalty notices in the following situations:**

* **A continuous period of unauthorised leave of 20 school days (40 sessions) or more**
* **Two or more periods of unauthorised leave totalling 10 school days (20 sessions) or more within a 12 month period.**

**NB – A period of leave which spans across two half terms will be treated as one period of leave.**

**Where permission has been given for ‘Leave of Absence’, if you fail to return your child within 10 school days of the agreed date, your child may be removed from the school roll.**

|  |  |
| --- | --- |
| Name of ChildFirst and last Name |  |
| Date of Birth |  |
| Class |  |
| Surname of Parent/Guardian |  |
| Address of ChildIncluding Postcode |  |
| **Reason for absence** (please note that for it to be authorised it has to be an exceptional circumstance- please give details) |  |
| Number of school days requested |  |
| Destination: |  |
| Date of departure: |  |
| Date of return: |  |
| Date of return to school: |  |
| Parent/ CarersSignature |  |
| Date: |  |

To be completed by the Headteacher:

|  |  |  |
| --- | --- | --- |
| Leave of absence approved:  | Approved | For\_\_\_\_\_\_\_\_\_\_\_School Days |
|  | Not Approved | For\_\_\_\_\_\_\_\_\_\_\_\_School Days |

Approved Absence:

Signed……………………………………………………………………….Date……………………………

Headteacher

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Reason for refusing leave of absence:

Signed……………………………………………………….Date……………………………………………….

Headteacher