**CARRINGTON JUNIOR SCHOOL**

**Application for Leave of Absence**

*Please note under new government guidelines and our own attendance policy, absence is not permitted for holidays for any reason, and will be referred to the County attendance team for the issue of a penalty notice.*

*Regulation 8 – Education (Pupil Registration) Regulations 1995*

**PLEASE NOTE: PARENTS ARE EXPECTED TO TAKE FAMILY HOLIDAYS DURING SCHOOL HOLIDAYS**

Date form received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Class Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For office use only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Leave of absence authorised by Head Teacher |  | Leave of absence not authorised by Head Teacher  |  |
| Leave of absence referred to Governing Board |  | Number of days authorised by Governing Board |  |
| Number of days not authorised by governing board |

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From (First day of absence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total number of school days absent: \_\_\_\_\_\_\_\_\_\_\_

I request permission from Carrington Junior School’s Governing Board for my child to be granted leave of absence for the above dates.

Please give details and reasons for the proposed absence:

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This completed form should be submitted to the Class Teacher not less than one month before the proposed period of absence.** The Head Teacher and Governing Board will carefully consider your request and may take your child’s absence record into account. If permission is refused, any absence for the above period will be recorded as unauthorised absence. **Permission will not be granted for leave of absence immediately prior to or during assessment or examination periods.** Having a good education will help to give your child the best possible start in life. If your child is absent for any period, he or she may miss essential elements of their learning programme.



This part of the form will be returned to you after consideration by the Head Teacher.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Dates of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has been granted permission for leave of absence in accordance with the School Attendance policy
* Has been refused permission for leave of absence
* Your request has been referred to the Governing Board

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be complete by Head Teacher