|  |  |  |
| --- | --- | --- |
| **Parent and Contact Details** | | |
|  | Parent/carer (1) | Parent/carer (2) |
| Name |  |  |
| Address |  |  |
| Phone Number |  |  |
| Relationship to pupil |  |  |

|  |  |
| --- | --- |
| **Pupil Details** | |
| Full Name: | Class: |
| Full Name: | Class: |
| Full Name: | Class: |

|  |  |  |  |  |  |
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| **Absence Details** | | | | | |
| First day of absence |  | Date of return to school |  | No. of days |  |
| Reason for requesting exceptional leave: | |  | | | |
| Supporting evidence provided | | Yes | | No | |
| Travel documents provided | | Yes | | No | |
| Address where pupil(s) will be staying during absence | |  | | | |
| Contact details of person responsible for pupil’s care during absence | | Full Name | |  | |
| Relationship to Pupil(s) | |  | |
| Contact number | |  | |

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| **Safeguarding** | | | | | |
| If your child(ren) will be absent for more than 1 week, weekly contact during the absence is required for any leave to be considered. The attendance officer must be able to see or speak to the child(ren) and the adult responsible for their care.  Do you agree to this? | | | | Yes | No |
| Preferred date for contact |  | Preferred time for contact |  | | |

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| **Please note:**   * Absence taken which has not been authorised could be liable for a fixed penalty fine by the local authority * Extended absences without permission may put your child’s place at this school at risk. | |
| **Parent/Carer Signature** | **Date submitted to school** |
|  |  |

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| ***FOR SCHOOL USE ONLY*** | | | |
| Current percentage attendance |  | | |
| Have return travel tickets been booked and seen by school? | Yes | No | |
| Number of days of exceptional leave taken in this or previous academic year(s) |  | | |
| Number of days of unauthorised absence in this or previous academic year(s) |  | | |
| Does leave coincide with any significant academic or exam period? | Yes | No | |
| Is leave being requested immediately before or after a school holiday? | Yes | No | |
| Mitigating circumstances (including any ongoing issues) |  | | |
| Aggravating circumstances (including any ongoing issues) |  | | |
| Is absence authorised? | Yes | No | |
| If authorised, what period of absence has been authorised (dates)? | / / to / / | | |
| If authorised, what contact schedule has been requested?  Parent must agree to a minimum of weekly contact for leave to be considered. This is a standard safeguarding requirement. The staff member assigned to make contact must be able to see or speak to both the child/ren and the adult responsible for their care | Parent agrees to weekly contact on the following day each week: | | |
| Monday |  | |
| Tuesday |  | |
| Wednesday |  | |
| Thursday |  | |
| Friday |  | |
| Contact will be made at: | \_\_:\_\_ am/pm | |
| Register code to be used for this absence | G – unauthorised holiday | |  |
| H – authorised holiday | |  |
| C – authorised absence | |  |
| O – unauthorised absence | |  |
| M – medical | |  |
| R – religious | |  |
| Signature of Headteacher |  | | |
| Date |  | | |