

Headteacher: Mr D Jones www.thongsleyfields.cambs.sch.uk

## **Leave of Absence**

## Term-time leave absent request form

| Child's name:<br>(Please complete one form per child)   |                |       |                |  |  |
|---|----------------|-------|----------------|--|--|
| Class:  |                |       |                |  |  |
|   | 2 1/0 1        |       | 2 1/2 2        |  |  |
|   | Parent/Carer 1 |       | Parent/Carer 2 |  |  |
| Full name of all parents/carers:  |                |       |                |  |  |
| Address of all parents/carers:  |                |       |                |  |  |
| Contact telephone numbers:  |                |       |                |  |  |
| First language (if not English):  |                |       |                |  |  |
|   |                |       |                |  |  |
| Start date of absence:  |                | Time: |                |  |  |
| Date of return to school:   |                | Time: |                |  |  |
| Reason for absence:   |                |       |                |  |  |
| If 3 or more term time leave Penalty Notices have been issued over a 3 year period then prosecution in relation to Section 444 Education Act 1996, may be considered as an alternative to a Penalty Notice fine being issued. Where a parent takes a child out of school during term time for an extended period (20 days or more), not authorised by the school, prosecution in relation to Section 444 Education Act 1996, may also be considered by the Local Authority. |                |       |                |  |  |
| I understand that a penalty notice may be issued and/or prosecution may be considered if my request is denied, and my child is absent during this period.   |                |       |                |  |  |
| Signature (Parent/Carer 1):   |                | Dat   | e:             |  |  |
| Signature (Parent/Carer 2):   |                | Dat   | e:             |  |  |
|   |                | •     |                |  |  |



| To be completed by the school o | ffice: |  |   |
|---------------------------------|--------|--|---|
| Total days requested:           |        |  |   |
| Previous periods of leave:      |        |  |   |
| Current attendance:             | %      | Previous attendance:<br>(e.g. last year, as appropriate) | % |
|                                 |        |  |   |

Evidence viewed by staff: Staff member name: To be completed by Senior Leadership Team member: Decision: (AGREED or REFUSED) Reason(s) for decision:

| Signature: (Senior leadership team member) | Date: |  |
|--|-------|--|
| (Selliot leadership team member)           |       |  |