A logo of a school

Description automatically generatedForm to be returned to the school office with a minimum of two weeks’ notice.

Please note that there is no automatic right for pupils to be granted authorised leave of absence and requests will only be considered where there are exceptional circumstances. Leave taken without authorisation will be regarded as unauthorised.

Name of Pupil:……………………………………………..……………Class:…………………………

Date of Birth:…………………………………….

Leave of absence dates: From: ………………… To: ……………………………

Number of school days your child will be absent from school: ……………………..

Signature: ………………………………………. Date: ………………………….

Name of Parent/Carer: ……………………………………………………………….

Reason for the leave of absence request

A leave of absence will only be authorised in exceptional circumstances, Please detail below the **exceptional circumstance** why you are requesting to take your child out of school. You may be invited into school to discuss your request with the headteacher. Where possible, we request you attach any supporting evidence where relevant.

**Leave of absence which has not been agreed will be marked as unauthorised. These may be referred to North Yorkshire Council for consideration which could result in a Penalty Notice.**

A logo of a school

Description automatically generatedFOR SCHOOL USE ONLY:

Previous requests for leave of absence Yes/No

Attendance for current academic year ……%

Evidence provided for exceptional circumstance Yes/No

Arrange to meet with Parent/Carer Yes/No Date & Time…….

Authorised Unauthorised

Rationale for authorisation

By Headteacher

………………………………………………………