Leave of Absence



SCHOOL NAME: The Garibaldi School

APPLICATION FOR LEAVE OF ABSENCE FOR YOUR CHILD DURING TERM-TIME Time off school for family holidays is not a right and as a Parent/Carer, you should complete this form and return it to your child's school AT LEAST SIX (6) WEEKS before the date when you want the period of absence to start. You may be required to attend an interview to discuss this request with the school and/or produce supporting evidence for your request. (Please ensure all children are included on this application).	
Child's Full Name:	
DOBYear GroupClass/Form	
Address	
Period of Absence: FromTo	o(inclusive)
Reason Requesting Absence (if request is for a family holiday, please give exceptional circumstances on why it MUST be in term time. Please continue on a separate sheet if necessary)	
Name:R	elationship to child:
(Applicant must be the parent carer the child normally resides with) Signed:	
I make this application for my child to have an authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may be referred to the Local Authority for consideration of a penalty notice or other action.	
If you have other children in the family of school age please give details (Use additional sheet if necessary)	
Name	D.O.B School Attended
Name	D.O.B School Attended
Name	D.O.B School Attended
Decision re: Application for Leave of Absence During Term Time (For office use only)	
	Fine: Y / N
Coding (please circle appropriate code):	
 B – Educated Off Site Y – Exceptional Circumstances H – Authorised Family Holiday M – Medical/Dental Appointment R – Religious Observance T – Gypsy, Roma and Traveller Absence W – Work Experience G – Unauthorised Family Holiday Other (please specify) – 	C – Leave of Absence authorised by school D – Dual Registration J – Interview P – Approved Sporting Activity S – Study Leave V – Educational Visits <u>O – Unauthorised Absence</u>
Signed:	Date: