KINSALE JUNIOR SCHOOL

Kinsale Junior School
Kinsale Avenue, Hellesdon, Norwich
Norfolk NR6 5SG
www.wensumtrust.org.uk/kinsalejunior
01603 425662
office@kinsalejunior.norfolk.sch.uk

APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME
Important Information for Parents please read before completing this form Schools can only grant leave of absence during term time in exceptional circumstances. Each request will be considered individually by the headteacher. Family holidays during term time will not normally be authorised. Requests for leave of absence must be made before any travel or other arrangements are booked and before the absence begins. Parents should allow enough time for the school to consider the request and provide a decision. A request for leave of absence does not guarantee approval. If arrangements are made before the school's decision is received, this is done at the parent's own risk. The school is not required to consider requests made after the absence has taken place. If no request is made in advance, the absence will be recorded as unauthorised. We want every child to attend school every day unless there is an exceptional or unavoidable reason for absence. If you need support with your child's attendance, please contact the school office on office@kinsalejunior.norfolk.sch.uk or call 01603 425662.
I have read the above information and wish to apply for leave of absence from school for:

Child's Full Name:	**Date of Birth:**	**Class:**

Parent/Carer Details (please list all parents)			
First Name:		**Surname:**	
Date of Birth:		**Relationship to the child:**	
Address and postcode:			
Telephone number:			
First Name:		**Surname:**	
Date of Birth:		**Relationship to the child:**	
Address and postcode:			
Telephone number:			

Siblings: Please provide the name of any siblings and the school that they attend

Child's Full Name:	**Date of Birth:**	**School:**

Details of the absence			
Date of First day of absence:		**Date of last day of absence:**	

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Total Number of days absent:		**Expected date of return to school:**	
Please provide the reason for this request including supporting evidence:			

Please read the following statement and sign to indicate you understand the this:

I am requesting leave of absence for my child(ren) during term time. I understand that schools can only grant leave of absence in exceptional circumstances and that family holidays will not normally be authorised.

I understand that this request must be submitted before any absence takes place and that submitting a request does not guarantee approval. I understand that I should wait for the school's decision before making travel or other arrangements.

I understand that, if leave is not authorised and my child is absent from school during this period, the absence will be recorded as unauthorised and may result in a Penalty Notice being issued to each parent for each child, or other legal action being considered.

Signed:		**Full name:**		**Date:**	
Signed:		**Full name:**		**Date:**	

To be completed by the school:			
Date request received by the school:		**Total number of days requested:**	
Child's Name:	**Current % Attendance**	**Application Authorised or Declined?**	
Reason for school's decision:			
In the case of a term time holiday please confirm which parent took the holiday:			
Headteacher:			
Signed:		**Date:**	