



Kelvedon St. Mary's C of E Primary Academy

Term Time Leave of Absence Application Form

Please complete this form and return it to the Headteacher **no later than two weeks** before the requested absence.

I _____ parent/carer of _____ (Name of child/ren) class: _____

hereby make application for leave of absence for a special reason

Date _____ Time _____ for a period of _____ school days or school minutes/hours

For medical absences where possible please provide a copy of your appointment letter.

For the following reason:

Please Circle:	Home Lunch	Sandwiches	School Dinner (please order in advance on ParentPay)
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Signed _____ parent/carer Date _____

For office use only			
Authorised: <input type="checkbox"/>	Comments:	Unauthorised: <input type="checkbox"/> for the following reason:	<input type="checkbox"/> Percentage attendance this academic year.

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This section to be returned to parent/carer by the school office:

Child/ren's name _____ **class** _____

This is to certify that your request for leave of absence from _____ to _____ for your child/ren for a period of _____ (Number) school days/school minutes has been:

Authorised: <input type="checkbox"/>	Comments:	Unauthorised: <input type="checkbox"/> for the following reason:
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Signed _____ Headteacher on behalf of the governing body Date _____

Please consider the following points before applying for leave of absence for your child:

- **Leave of absence should only be requested for exceptional events such as funerals, medical appointments, exams and school transition visits.**
- **If the absence is not authorised and the holiday is taken, the case will be referred to the Education Welfare Service who may issue a Penalty Notice for £120 (or £60 if paid within 28 days) to each parent for each child taken out of school.**

**The Directors of Kelvedon St. Mary's C of E Primary Academy
remind you of the importance of ensuring
children's regular, uninterrupted school attendance:**