

Rockcliffe First School - Application of Term Time

Leave of Absence: Exceptional Circumstances

To be completed by parents/carers			
Name(s):	,		Class(es):
Address:			
First Day of Al	bsence:	Last Day of Absence:	Number of days requested:
Please fully ex	oplain the <u>exceptiona</u>	<u>l circumstances</u> that you would like t	he Headteacher to consider:
Signed:			Date:
Amendments to The Education (Pupil Registration) (England) Regulations 2006 make it clear that Headteachers may not grant any leave of absence during term time unless there are exceptional circumstances and that Headteachers should determine the number of days a child can be away from school if the leave is granted.			
To be completed by school			
Current Attendance:			
Approved	I have considered your recent request for a leave of absence during term time and feel it meets the criteria. I therefore confirm that in this instance I have authorised this planned absence. However, I must point out that the school strongly discourages leave of absence during term time due to the impact any absence has on education and social progress.		
Not Approved	I have considered your recent request for a leave of absence during term time for (child's/children's name) and feel it does not meet the criteria for the following reasons:		
Signed:			Date: