

**Request for Exceptional Leave from Loxley Primary School**

**Before completing the form please sign to confirm the following:**

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| I understand that under section 444 of the 1996 Education Act I have a legal obligation to ensure that your child attends school regularly. |  |
| Before considering exceptional leave, I have endeavoured to the best of my ability to find alternatives to asking to take my child out of school in term time. OrBecause of the **urgent and exceptional** nature of the reason for the request for exceptional leave, I believe my child needs to be absent during term time. |  |
| I agree to keep the school informed of any changes to when my child will return to school.  |  |
| I am aware that I may be fined or prosecuted for any time my child has unauthorised absence from school. |  |
| I am aware that if my child does not return by the due to date, he/she is at risk of losing their place at Loxley Primary School.  |  |

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| **Name of child** |  | **Name of parent/carer completing the form** |  |
| **Telephone** |  | **Email** |  |
| **Dates for exceptional leave.***Give the first and last date you wish your child to be absent.* | From | To | **Total number of days my child will be absent** |  |
| **Where do you plan to be if exceptional leave is granted?***Please give* ***full address*** *and emergency contact details.* |  |

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| **Why are you asking for exceptional leave from school for your child?** |  |
| **Did you taking any steps to try to avoid this request for exceptional leave? If so, what did you do?** | **Yes/No** |

**I confirm that all of the information on this form is true**

|  |  |  |
| --- | --- | --- |
| Signed | Name in print | Date |

**Request for Exceptional Leave from Loxley Primary School continued. . .**

**For School Use only:**

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| --- | --- |
| **Child’s Current in-year attendance** |  |
| **Child’s attendance in the last school year and percentage unauthorised.** | **Total** | **Unauthorised** |
| **School’s Target attendance for all pupils** | **97%** |
| **Has exceptional leave been taken in this and the last school year?** |  |

**For class teacher to complete:**

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| --- | --- |
| **What learning will your child miss?** |  |
| **What impact do you think this absence will have on the child’s learning and/or well-being?** |  |

**For headteacher to complete:**

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| --- | --- | --- | --- |
| **Date form received** |  | **Date form returned** |  |
| **Headteacher’s decision on whether the holiday is authorised** | **Yes/No** |
| **Headteacher signature** |  |

**Any comments from headteacher:**