The Bishop Wilson and Christ Church, Church of England Primary Schools Federation

Bishop Wilson CE Primary
School
Puddington Lane
Burton, Neston
CH64 5SE
0151 336 3396

Christ Church CE Primary
School
Deeside
Whitby
Ellesmere Port
CH65 6TQ
0151 3193333

LEAVE OF ABSENCE REQUEST FORM

If you consider you have to take a holiday in term time, and whether you have exceptional circumstances or not, please complete this form and return to the school office **at least 14 days before the date you wish to remove your child from school**.

We would like to take this opportunity to explain the law regarding holiday taken during term time; that unless there are exceptional circumstances most requests will be turned down. If you still decide to take your children out of school for a holiday, **then we have no choice but to mark the absence as an unauthorised absence which will lead to the involvement of the Educational Welfare Service and the issuing of a Fixed Penalty Notice, the cost of which is £80 per child, per parent/carer, if paid within 21 days and £160 if it is paid within 28 days. If the Fixed Penalty Notice is not paid legal action may be taken by the Local Authority. These Fixed Penalty Notices have been introduced as part of the government's drive to improve attendance.**

SECTION A – TO BE COMPLETED BY THE PARENT/CARER

Name of child 1: …………………………………………………………………… Class ……………………………

Name of child 2: …………………………………………………………………… Class ……………………………

Name of child 3: …………………………………………………………………… Class ……………………………

Home Address ………

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Postcode ………………………………………………. **Telephone number** ……………………………………………

First day of absence ………………………………………..

Date of return to school …………………………………….. **Number of school days absent** …………………………

Reason for absence ………………………………………………………………………………………………………

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Name of Parent/Carer making the application …………………………………………………………………………

Email Address of Parent/Carer making the application ………………………………………………………………….

Name of any other Parent/Carer living at same address …………………………………………………………………

Email Address of any other Parent/Carer living at same address ……………………………………………………………

By signing this form, I confirm that I have read the information regarding the law on taking holidays during term time.

Signed (Parent/Carer) …………………………………………. **Date** ……………………………………………………

Name of child 1: ………………………………………………………… Class ……………………………

Name of child 2: ………………………………………………………… Class ……………………………

Name of child 3: ………………………………………………………… Class ……………………………

Your request for absence during term time is: ☐ **Not authorised** ☐ **Authorised**

First day of absence …………………………………….. **Date of return to school** ……………………………

Number of school days absent ……………………..

Future Action:

Signed …………………………………………………………... Freda Davies, Executive Head

Date …………………………………………….