



Someries  
Infant School



EVERY

# DAY COUNTS

## Application for term-time leave of absence from school

<b>Child's name:</b>		<b>Child's class:</b>	
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Please list your child's siblings and the school they attend:	
Sibling's name	School

Please provide full reason(s) for this application for term-time leave:

*Please note that proof of return flights may be requested before considering this application for term-time leave of absence from school.*

Please list the dates of your term-time leave request:	
start date	end date
__ / __ / ____	__ / __ / ____
How many days leave are you requesting?	What date will your child return to school?
_____ days	__ / __ / ____

*I understand that this application for term-time leave of absence from school may not be approved by the Head Teacher and/ or Governing Body and that, when considering this request, the Head Teacher and Governing Body will consider the following:*

- my child's attendance rate
- the nature of the request and whether or not this is deemed an exceptional circumstance
- whether the child's parents or carers are restricted in terms of leave granted by their employer

<b>Your signature:</b>		<b>Date:</b>	
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Office use only:			
<b>Child's current attendance rate:</b>	%	<b>Authorised leave to date:</b>	%
<b>Outcome:</b>	<b>Authorised code:</b>	C   H   T   R   Y	
	<b>Unauthorised code:</b>	G   O	

APPROVED	NOT APPROVED	Reason (if unauthorised)
<b>School signature:</b>		
<b>Date:</b>	__ / __ / ____	

*A copy of the school's attendance policy is available upon request.*