



## Request for Leave of Absence During Term Time

There are many reasons why parents request a leave of absence for their child(ren) and the vast majority are reasonable and understandable. As you are probably aware, the Government and North Yorkshire Council have issued guidelines about granting leave of absence that parents/carers and Headteachers must be mindful of and abide by. Under Section 7 of the Education Act 1986, it is the duty of all parents to ensure their children receive an efficient, full-time education. This means that Headteachers are unable to grant requests unless there are 'extenuating circumstances' and they would not be able to class any term time holiday as 'exceptional'.

Therefore, requests for holidays during term time will not be authorised and will appear on a pupil's attendance record as an 'unauthorised absence'. Any period of unauthorised absence of 5 days (10 sessions) or more may lead to you being issued with a Penalty Notice from the Local Authority. If you require further details, written guidance is available from the school website. Please note that it is not the responsibility of school to provide work for your child that they have missed due to a holiday.

It is essential that parents complete this Leave of Absence form so that the school is fully aware of your son/daughter's whereabouts during term time. Please submit your request at least 4 weeks before any leave is taken.

**NAME:** \_\_\_\_\_ **Tutor Group:** \_\_\_\_\_

Names of siblings at Whitby School/other school(s) requesting the same absence:

**NAME:** \_\_\_\_\_ **School:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

(Evidence must be provided to show why the time cannot be taken in any of the designated school holidays - please give details of any exceptional circumstances overleaf)

**PROPOSED DATES OF ABSENCE FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**DATE OF RETURN TO SCHOOL:** \_\_\_\_\_

**SIGNATURE OF PARENTS/CARER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FULL NAME OF PERSON COMPLETING THE FORM:** \_\_\_\_\_

**RELATIONSHIP TO PUPIL:** \_\_\_\_\_

### FOR OFFICE USE

Unauthorised

Authorised in extreme extenuating circumstances

Date form received: \_\_\_\_\_ Date response sent: \_\_\_\_\_

Please use this space to give details of exceptional circumstances/further information as necessary (evidence must be provided to show why the time cannot be taken in any of the designated school holidays)

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