



APPLICATION FOR STUDENT LEAVE OF ABSENCE

PLEASE READ CAREFULLY

Absences during term time can have a serious and detrimental effect on students' learning and parents should not take children out of school other than in *exceptional circumstances*. Medical and dental appointments should take place after school or in holidays.

Leave of absence during term time

The school and the Local Authority take the view that taking children out of school during term time can be damaging to a child's educational progress. Children find it very difficult to catch up on the learning that they have missed and in the longer term this can have a negative impact on their progress.

Amendments have been made to the 2006 regulations in the Education (Pupil Registration) (England) (Amendment) Regulations 2013. These amendments, as described below, have come into force from 1st September 2013.

Amendments to the 2006 regulations remove references to family holiday and extended leave as well as the statutory threshold of ten school days. The amendments make clear that headteachers may not grant any leave of absence during term time unless there are exceptional circumstances.

An exceptional absence during term time must be formally requested at least three weeks in advance using the necessary form. The only exception to this is a family funeral.

Authorisation will only be granted at the Headteacher's discretion. Please also note that it is not possible for additional work to be set and marked for absence during term time and it will be the student's responsibility to make up any missed work on return to school.

Mr L Bergin
Headteacher



APPLICATION FOR STUDENT LEAVE OF ABSENCE

Please return this form to the school **AT LEAST THREE WEEKS** before the requested absence. No absence will be authorised for critical times at school, e.g. examination periods and the period leading up to examinations.

Pupil nameForm.....

be granted leave of absence for a total of school days for the period:

from to

For the following reason:

Signature of /Parent/Carer..... Date.....

Please return this form to Reception

(Office use only)

Date LOA received.....

Name of Student.....

Current Attendance (%).....

Requested Absence..... days

Leave of Absence is authorised, the following conditions apply:

All academic work missed must be completed

No further leave of absence requests will be authorised

Other

Leave of Absence is **unauthorised**

L BERGIN

Headteacher

Date.....

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