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

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Christ Church CE Primary School

Deeside

Whitby

Ellesmere Port

CH65 6TQ

0151 3193333

Bishop Wilson CE Primary School

Puddington Lane

Burton, Neston

CH64 5SE

0151 336 3396

**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 may lead to the involvement of the Educational Welfare Service and the issuing of a Fixed Penalty Notice, the cost of which is £60 per child, per parent/carer, if paid within 21 days and £120 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** ………………………………………….………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………...

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

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

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

**Reason for absence** ……………………………………………………………………………….…………………….………………………………

………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………….……………………………....

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

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** ………………………….………………………………….

**SECTION B – TO BE COMPLETED BY THE EXECUTIVE HEAD**

**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** ……………………………………………….