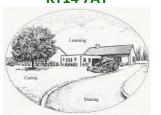
## Byfleet Primary School King's Head Lane Byfleet Surrey KT14 7AT

Interim Head Teacher Mr. K. Hodge



Telephone 01932 403116 Fax 01932 410201

## **Application for Leave of Absence for Exceptional Circumstances**

As parents, you have a legal responsibility to ensure your child's attendance at school. Holidays should be taken during the school holiday period in order not to disrupt your child's education. During the academic year, pupils are at school for 190 days and at home for 175 days. Our School expects pupils to attend 100% of the school term.

Please complete and submit this form if you want the Head Teacher to consider your request for your child's leave of absence for exceptional circumstances. We may ask for proof to back up your request.

## Unauthorised absence of 5 days or more may result in the issue of a Penalty Notice

Penalty Notices are issued by the Local Authority in accordance with Surrey County Council's Code of Conduct. The Penalty Notice is £60, per child per parent/carer, if paid within 21 days or £120 if paid after 21 days but within 28 days. Failure to pay the Penalty Notice will result in you being served a summons to appear at the Magistrates Court. Please note that any absence for illness that runs before or after this absence will not be authorised without medical evidence and could result in the absence becoming 5 days or more.

The Head Teacher will consider the reasons for the request carefully and will notify you of the decision, for further information please refer to our School Attendance Policy.

| NAME OF PUPIL  |                             |  |
|--|-----------------------------|--|
| am applying for leave of absence for my child for:       |                             |  |
| From   | toinclusive.                |  |
| This cannot be taken during the school holidays because: |                             |  |
|  |                             |  |
| Signature of Parent/Guardian                             | Date                        |  |
| Parent's Address   |                             |  |
|  |                             |  |
| Number of Authorised Days                                | Number of Unauthorised Days |  |
| Signature of Headteacher                                 | Date                        |  |
| Percentage Attendance to date for this School            | l Year is:                  |  |

This form is to be completed by the Parent or Guardian and presented to the Head Teacher for consideration. A copy will then be returned to the Parent or Guardian as confirmation of authorisation.