**Gosden House School**

**Application for leave of absence for exceptional circumstances**

*Please read the following guidance carefully*

*As parents, you have a legal responsibility to ensure your child’s attendance at school.  During the academic year, pupils are at school for 190 days and at home for 175 days.*

***Please be aware that The Education (Pupil Registration)(England)(Amendment)  Regulations 2013, state that Head Teachers may not grant any leave of absence during term time unless there are exceptional circumstances. The Head teacher is also required to determine the number of school days a child can be away from school if leave is granted.***

*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 validate 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 £80, per child per parent/carer, if paid within 21 days or £160 if paid after 21 days but within 28 days. Failure to pay the Penalty Notice will result in the Local Authority considering legal proceedings against you in the Magistrates Court.*

*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.*

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| **NAME OF PUPIL:** | | | | | **CLASS:** | |
| I am applying for leave of absence for my child during the following dates: | | | | | | |
| From: | | | | To: | | |
| Number of school days: | | | |  | | |
| The exceptional circumstances for which leave is requested: | | | | | | |
| Has your child already had leave of absence in this school year?        YES / NO | | | | | | |
| If YES, please give dates and details: | | | | | | |
| I also have children at… *(insert name of school/centre attended)* | | | | | | |
| Signed:   *(Parent/Carer)* | | | | | | Date: |
| **To be completed by the Head teacher** | | | | | | |
| Having considered your request carefully, my decision is that leave of absence is: | | | | | | |
| Approved |  | *The absence will be recorded as authorised* | | | | |
| Not approved |  | *The absence will be recorded as unauthorised* | | | | |
| Explanatory notes: | | | | | | |
| Signed: | | | *(Head Teacher)* | | | Date: |
| Signed: | | | *(Chair of Governors)* | | | Date: |