Application form for Leave of Absence (LOA) during Term Time

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| **A. Pupil Details** | | | |
| Name: |  | DoB: |  |
| Address: |  | | |
| Class: |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B. Leave of Absence Request Details** | | | | | | | |
| Start date of requested leave: | |  | | End date: | | |  |
| Return to school date: | |  | | No. of days: | | |  |
| What are the exceptional circumstances for your leave of absence request that you wish the school to consider? | | | | | | | |
| Name of parent / carer (print): | | |  | | | | |
| Signature: |  | | | | Date: |  | |
| Name of parent / carer (print): | | |  | | | | |
| Signature: |  | | | | Date: |  | |

Please email this form (fully completed) to [office@laceygreen.cheshire.sch.uk](mailto:office@laceygreen.cheshire.sch.uk) or hand in to the office.

The National Framework for Penalty Notices Explained

A black and white document with text and images

Description automatically generated

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| --- | --- | --- | --- | --- | --- |
| **C. For Office Use** | | | | | |
| Current attendance %: | |  | | | |
| Previous LOA (last 2 consecutive half terms): | |  | | | |
| Does the LOA request time coincide with SATS / other examination periods?: | |  | | | |
| Any mitigating / aggravating circumstances (Including any ongoing medical issues): | |  | | | |
| Is the Leave of Absence (LOA) approved? | | **YES** | | **NO** | |
| If **YES** - Number of days to be authorised for this LOA application: | | | |  | |
| Signature of Principal: |  | | Date: | |  |
| Register Code to be used for this LOA: | |  | | | |
| Date | Copy returned to parent/s with letter. | |  | | | |
| Copy filed and sent to class teacher – please sign | |  | | | |