

email: office@ccofe.uk Head Teacher: Mr Paul Garratty B.Ed (Hons); MA

APPLICATION FOR AN EXCEPTIONAL LEAVE OF PUPIL ABSENCE FROM SCHOOL PLEASE READ THE FOLLOWING INFORMATION <u>BEFORE</u> YOU COMPLETE THIS REQUEST AND RETURN TO THE SCHOOL OFFICE.

This form is to be completed by the Parent or Guardian and forwarded to the Head teacher <u>not less than</u> <u>10 working days before</u> the proposed absence.

Head teachers are no longer allowed to authorise any absence unless there are exceptional circumstances but this form MUST be completed to advise us of a Leave of Absence at all times. (This includes religious observance, funerals, weddings and any other circumstances whereby the child is absent from school).

Whilst there are a number of unavoidable reasons why a pupil might be away from school (illness, medical appointments, exclusions etc.), the legislation is clear that any avoidable absence may only be authorised by a school if there are **exceptional circumstances**. The law allows schools to consider individual requests to authorise a future avoidable absence, but they can only be authorised if there is evidence that it is exceptional circumstances. It is entirely the responsibility of the parent submitting the request to provide sufficient information to establish this.

Parents choosing to remove their child/ren from learning may be liable to a Penalty Notice (**i.e. a fine of £60 per parent per child**) due to the absence not being agreed by the Head teacher or medical evidence not being received. If a Penalty Notice remains unpaid after 21 days, it will increase to £120. If after 28 days it remains unpaid you may be summonsed to appear before Magistrates to explain why your child has unauthorised school absences and you may be liable for a fine of up to £1000.

Full name of child/ren		Class
Address		
Dates of absence: from	to	_Total days absent from school
Reason for absence		
Parents / Carers applying for exceptional leave of absence:		
Print name	Signature	Parental Responsibility: Yes/No
Print name	Signature	Parental Responsibility: Yes/No
Date		
*	Of	CROYDON

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