



Leave of Absence Request Form

Parents of registered pupils have a legal duty under the Education Act 1996 to make sure that children of compulsory school age attend school regularly. Schools are unable to authorise leave during term-time unless under exceptional circumstances and may refer cases to Swindon Borough Council.

If a parent/carer takes their child out of school without permission being granted, this will count as an unauthorised absence on the pupil's record. Unauthorised absence may incur a fine from Swindon Borough Council. There is a risk of a £80 penalty notice, per parent, per child, **or** prosecution through the courts. Any second penalty notice issued to the same parent for the same child within a rolling 3-year period, will be charged at the higher rate of £160 with no option for this second offence to be discharged at the lower rate of £80. If 2 fines have been issued within 3 years, then Swindon Borough Council may consider prosecution through the courts for further reported unauthorised absence as per the Statutory Guidance "Working Together to Improve School Attendance 2024."

A penalty notice can be issued to each parent/carer who is intrinsically involved in the day to day caring responsibilities (including step parents/parent's partners.)

Examples of absence from school that will not be authorised include but are not limited to:

- A holiday
- A leave of absence for recreation or leisure
- Birthdays
- Resting after a late night
- Relatives visiting or visiting relatives

This request should be submitted as soon as it is anticipated: and wherever possible, at least three weeks before the absence. Leave of absence cannot be approved retrospectively.

Please return the form to the school office. School will respond to your Leave of Absence Request to inform you if this absence has been authorised or unauthorised.

For completion by parent/carers

First name of pupil:		Surname of pupil:	
DOB:		Class:	
Full name of parent/carer:		Relationship to pupil:	
Name of second parent/carer:		Relationship to pupil:	
Address of pupil:		Address of parents/ carer	
Address of second parent/carer if different from above.			
Reason for absence request:			

Reason for absence (to be completed by parent/carer – PLEASE TURN OVER)

V1 July 2024



Length of absence: (Number of School Days)		From (date):	To (date):
Are there any exceptional circumstances?	Yes/No	Evidence Provided	Yes/No
Is this for a medical reason?	Yes/No	Medical evidence provided	Yes/No
Will your child miss any national tests or assessments?	Yes/No	Does this proposed absence overlap with the beginning or end of a new term?	Yes/No
Is the proposed absence during the month of September?	Yes/No	Has your child had a leave of term-time absence in the last 3 years?	Yes/No Number of days:
Address whilst absent:			
Emergency contact number:			
Please give a detailed explanation of any special circumstances for this requested absence.			
Parent/ Carer's signature:			Date:

School Section (to be completed, kept by school and a copy returned to parent/carers)

Reason for absence:	Authorised: Yes/No Number of school days:	Unauthorised: Yes/No Number of school days:
Absence code used (e.g. O or G)		
Leave of Absence Request reply has been returned to parents: Date:	Letter	Phone Call
	Email	Text
	Meeting	
Any other relevant evidence provided (e.g. death certificate):	Evidence provided:	
Medical evidence provided:	Evidence provided:	
Previous Penalty Notices:		
Any previous LA's the pupil has lived in in the last 3 years:		
DSL Name:		Signature:
School authorised signatory name:		Signature: