

STUDENT LEAVE OF ABSENCE FOR EXCEPTIONAL CIRCUMSTANCES



JOHN PORT
SPENCER ACADEMY

Please use for all leave **other than medical and illness**.

Email a signed and completed form directly to attendance@johnport.derbyshire.sch.uk or hand in to the Attendance Officer. The Education (Pupil Registration) (England) (Amendment) Regulations 2013 state that Headteachers should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

Student name: Form:

Absence from: To: (incl)

Please consider leave of absence for the following **Exceptional Circumstances**:

Supporting Evidence attached - please tick Use overleaf if necessary

Parent/Guardian making the application – Where leave is denied and you proceed to take your child out of school unauthorised absence will be recorded. This is likely to result in a Penalty Notice.

Parent name:

Parent signature: Date:

Parent email address & contact number:

Where no email address is available, a response will be forwarded to the child's home address on our records.

Separated Parent Details (if applicable) – please note in such cases both parties are informed of the school's decision. **Both parties may be subject to penalty.**

Separated parent name:

Separated parent signature: Date:

Is Separated Parent **in agreement** to application? Yes/No (please delete as necessary)

Separated parent email address & contact number:

Where no email address is available, a response will be forwarded to the separated parent's home address on our records.

Please see overleaf:

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Does the student have a sibling at Another School? Yes/No (please delete as necessary)

If yes, please inform us of the name of the school:

Please note that if the leave of absence request form is incomplete e.g. no date/missing signatures/names or without evidence there will be a delay in processing and it will be returned to you for completion.

Where possible please submit requests at least 2 weeks prior to leave being taken.

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OFFICE USE ONLY

Date Received:

Comment:

Request Approved

Request Denied

Staff signature: Date:

Date parent notified: Date separated parent notified (if necessary):