

## Application for Exceptional Leave of Absence During Term-Time



**Rayner Stephens**  
HIGH SCHOOL

If you would like to apply for permission for your child to be absent from school you must complete this form and return it to the school for authorisation **10 DAYS IN ADVANCE** of the proposed leave wherever possible.

Parents / carers do not have the right to take their child out of school during term-time. By law, you must ask permission for exceptional leave of absence during term-time. If you take your child out of school without authorisation you risk receiving a fixed penalty fine. **The penalty is £80 if paid within 21 days, doubling to £160 if paid between 22 – 28 days and applies per parent per child for which permission has been refused or was not sought. If the fine is not paid, parents will be reported for prosecution.** All secondary schools in the Stamford Park Trust have agreed to follow a common policy on absence during term time. Good attendance leads to improved outcomes for your child.

TO BE COMPLETED BY PARENT / CARER					
Surname of child:		First name:			
Year Group:		D.O.B.:			
Surname of parent / carer:		First name of parent / carer:			
Address of child(ren):		Telephone number(s):			
Postcode:					
Please state the <b>exceptional circumstances</b> that require you to apply to take your child out of school during term-time instead of making arrangements for the proposed activity to take place during the school holidays. The cost, convenience or availability of a particular holiday will not be taken into consideration.					
Reason:				Information provided by parent / carer will be checked by school	
Would (s)he miss any national tests or examinations?				Yes	No
Is her/his attendance already below 97%?				Yes	No
Is the requested absence during the month of September?				Yes	No
Would (s)he be absent for more than 10 school days?				Yes	No
Has (s)he already had leave during term-time this academic year?				Yes	No
Has your son/daughter already had a leave of absence request authorised this academic year?				Yes	No
Does your child have any siblings at Rayner Stephens High School for which you are requesting leave of absence?				Yes	No
Does your child have any siblings at another school for which you are requesting leave of absence?				Yes	No
If you have answered 'yes' to the previous question, please state which school(s) your other children attend.				Yes	No
If this request is approved, will his/her absence exceed 10 days in this school year?				Yes	No
Is the request for a religious observance?				Yes	No
Length of absence requested (school days):		From (date):		To (date):	
Parent / carer signature:					
TO BE COMPLETED BY SCHOOL					
Further information required:				Yes	No
Head of School's comment:					
Signed:	Name:	Designation:	Absence Approved:	Yes	No