

CAMBOURNE VILLAGE COLLEGE APPLICATION FOR ABSENCE DURING TERM TIME

Please read the following information carefully:

This form should be completed and signed by parent or carer having charge of the pupil. It should be returned to the Sixth Form office **at least 10 school days** before the first day of planned absence and **BEFORE** making any bookings regarding the absence.

Changes to section 444 of The Education Act 1996, brought into effect in September 2013, removes the right of Head Teachers to authorise term time leave. Therefore, all applications for leave in term time will be unauthorised unless there are exceptional circumstances which must be detailed in writing to the Head Teacher at least two weeks prior to the removal of the child from school. Evidence may be requested to support the leave of absence. Parents/carers will be informed of the outcome of their application as soon as possible.

Sixth Formers are strongly urged to avoid leave of absence from school during term time, and should be aware that attendance percentages are reported on reference to employers, training providers and universities. Parents/carers should be aware that if an application for absence is refused and the leave of absence is taken it will be recorded as unauthorised. It is expected that your child/children will catch up with any work missed during their absence from school.

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| I hereby request that: | | Tutor Group(s) | |
| Student(s) Name | | | |
| be granted leave of absence from Cambourne Village College. | | | |
| FROM: <i>(first day not in school)</i> | | UNTIL: <i>(final day off school)</i> | |
| Total number of days absence requested: | | | |
| Location of travel if applicable: | | | |
| The exceptional circumstances for this request are: | | | |
| | | | |

I Understand that leave of absence will only be granted in exceptional circumstances. Should this not be granted, and I take my child/children out of school, I am aware that I may be liable to a Penalty Notice or prosecution.

| | | | |
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| Name of parent/carer: | | Relationship to pupil: | |
| Signed: (Parent/Carer) | | Date: | |

FOR OFFICE USE ONLY

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|-----------------------------------|--|
| Previous Leave of Absence: | |
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|-------------------------------|-------------------|--------------------------------|
| Percentage Attendance: | This Year: | Last Year (If relevant) |
|-------------------------------|-------------------|--------------------------------|

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|----------------------------|-----------------|------------------|
| Evidence Requested? | YES / NO | Received: |
|----------------------------|-----------------|------------------|

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| Response to Request for Leave of Absence: | | Register Code: |
| | The College will authorise this leave of absence as above. | |
| | The College will not authorise leave of absence for the following reason/s: | |

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| Reason for decision if not approved: |
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| Signed: Principal/ Deputy Principal | | Date: | |
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