**Notification of term time unauthorised absence**

NOTE: in completing this notification, a request for leave is not being made. It is notification that you intend to remove your child/ren from school **during term-time.**

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| --- | --- | --- |
| Parent/Carer Name |  | |
| Address: |  | |
| Contact Number: |  | |
| Child/ren’s Name(s): | Child 1: | Class: |
| Child 2: | Class: |
| Child 3: | Class: |
| Child 4: | Class: |
| Reason for unauthorised absence: |  | |
| Destination |  | |
| First day of absence |  | |
| Last day of absence |  | |
| Number of learning days lost |  | |

✓ I acknowledge that holidays during term time are unauthorised.

✓ I acknowledge that absences of 5 school days or more will result in a fine from the Local Authority.

✓ I acknowledge that absences of 20 school days or more will result in my child losing their place, and that upon re-application a place is not guaranteed.

✓ I acknowledge that taking my children out of school will cause disruption to their learning. This time will never be recouped.

✓ I may be asked to meet with Governors to discuss the unauthorised absence.

Parent/Carer signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_