



## **Newport High Cluster -Leave of absence request form.**

Please list all school age children in your family

Student's Name ..... Form..... School.....

Student's Name ..... Form..... School.....

Student's Name ..... Form..... School.....

Student's Name ..... Form..... School.....

Home Address .....

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I wish to apply for my child/children to be absent from school during the following dates:

Date of last day at school ..... Date of return to school .....

Total number of school days missed .....

Please explain the circumstances that make it necessary to have a holiday in term time.

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I wish to make an application for my child/children named above to have an authorised absence from school for the reasons stated. I understand that if this is not agreed then any absence will be treated as unauthorised and may lead to the issue of a Fixed Penalty Notice or referral to the education welfare service.

Name of Parent/Carer making application .....

Signed ..... Date .....

*Leave of absence applications will be considered by the Headteacher/Attendance lead and the Governing Body.*

**PLEASE RETURN THE COMPLETED APPLICATION FORM GIVING AT LEAST 4 WEEKS NOTICE OF INTENDED ABSENCE.**