



APPLICATION FOR PUPIL LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Please note, taking your child out of school during term time could be detrimental to your child's educational progress

Thurton Church of England VC Primary School

Ashby Road, Thurton, Norfolk, NR14 6AT
e. office@thurton.norfolk.sch.uk
t. 01508 480335

Headteacher:
Mr Jonathan Barber

Chair of Governors:
Mrs Maggie Coe

Rector:
Revd. Chris Ellis

Full Name(s) of child(ren):	
Address:	
Full name(s) of adults with parental responsibility:	
Address(es) of adults with parental responsibility:	
Dates of absence requested:	
Total number of school days:	
Please provide reasons: (i.e. the exceptional circumstances for your request for absence from school). Please note – you may be asked to provide additional evidence to support your reasons.	
Signature of parent(s)/carer(s): I/we have read the information on the reverse of this application and would like to formally request the leave of absence as shown above.	
Signed: _____	Date: _____



LOTc Mark (Bronze)

Office Use

Your request has been considered carefully and the decision is:

To **approve** your application and record the absence as authorised.

Not to approve your application and the absence will therefore be recorded as unauthorised. If your child goes on to take this leave of absence, it *may* be reported to the Local Authority and *could* lead to legal intervention in the form of a **Fixed Penalty Notice**.

Signed: _____

Date: _____

