

## APPLICATION FOR LEAVE OF ABSENCE FROM SCHOOL DURING TERM TIME

Our aim is for every pupil's attendance to be 100% unless there are exceptional or unavoidable reasons for absence.

## 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

Deputy Head:

Mrs Esther Scorey

**Acting Chair of Governors:** 

Mrs Sorrel Kelly

Rector:

Revd. Chris Ellis

I have read the information supplied with this form and wish to apply for leave of absence from school for:

Child's Full Name:			Date of Birth:		Class:					
Parent/Carer Details (please list all parents)										
First Parent Full Name:										
Date of Birth:	Relationship to the child:									
Address and postcode:										
Telephone number:										
Second Parent Full Name:										
Date of Birth:	Relationship to the child:									
Address and postcode:										
Telephone number:										
In the case of a term time holiday please confirm which parent is taking the holiday:										
Siblings: Please provide the nar	ne of any siblings a	and the sch	nool that they	attend						
Child's Full Name:		Date of Birth: Scho		School:	:					
Date of First day of absence:			Date of last	day of abser	ice:					
Total Number of days absent:			Expected date of return to school:							





Headteacher:

Signed:

Mr Jonathan Barber

Please provide the reason for this request including supporting evidence:									
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-	101 611 1 1 1 1								
Please read the following statement and sign to indicate you understand the this:  I would like to request the above absence. I understand that the school strongly advises against taking unnecessary									
absence during term time and accept that this may have a detrimental impact on my child/ren's progress. I									
understand that a penalty notice may be issued if this request is denied, and my child is absent during this period. I understand that a fine will be payable per parent, per child.									
I have read and understood Norfolk County Council's information regarding penalty notices for absence from school and the action they may take.									
Signed	i:		Full Name:		Date:				
Signed	:		Full		Date:				
			Name:						
To be completed by the school:  Date request received by the school:				Total number of days requ	iested:				
	,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	To approve your application and		Not to app	ove your application and the	a ahsence v	will therefore be			
record the absence as authorised. recorded as unauthorised. If your child go					goes on to	o take this leave			
			of absence, it may be reported to the Local Authority						

Date: