



St Paul's C of E Junior School
 Oxford Road, Wokingham RG41 2YJ
 Headteacher: Mrs J M Taylor

LEAVE OF ABSENCE REQUEST FORM

Please be advised that Wokingham Children's Services and the Department for Education have advised schools to only authorise leave of absence/holidays in exceptional circumstances, hence School will not approve any absence in term time, except in such circumstances. Please complete the section below and return to school at least one month before the requested absence. School will endeavour to respond to your request within 5 working days. Please note that taking your child away during the school term is detrimental to educational progress.

Please be aware that if holidays are taken without approval, this information will be passed to our Education Welfare Officer and a Penalty Notice may be issued without further warning. Unauthorised absence of 5 days or more in a ten week period can result in the issuing of a Penalty Notice which carries a fine of £80 or if not paid after 21 days the fine is doubled to £160 and court prosecution if unpaid after 28 days. Please be aware that the 5 days need not be consecutive to result in a Penalty Notice. On the second occasion, a Penalty Notice carries a fine of £160. On the third occasion, a Penalty notice will not be offered at all and the matter referred immediately for Prosecution. In the Court the penalty is a fine of up to £2500 and a Criminal Record. Penalty Notices are served per parent per child. More details on the Wokingham Council website or from the Education Welfare Service.

Pupil's name (1)..... Class

Pupil's name (2)..... Class

Reason for absence in term time (please provide as much detail as possible and continue on reverse if needed)

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- If the absence request is for religious observance, please include the name and contact details of your place of worship.
- If the absence request is for a special occasion e.g. family wedding - please provide a copy of the invitation and travel arrangements (such as flight bookings)

Absence Period from (1st day of absence)..... to (return date to school).....

Total number of school days to be missed

Sibling Name(s) / School(s)

Parents/Guardians Name.....

Signature:.....**Date**:.....

SCHOOL USE ONLY

Attendance.....% Unauthorised absence.....% Authorised absence.....%

Has holiday already been taken this school year? Yes/ No Previous Year's Attendance %

Attendance.....% Unauthorised absence.....% Authorised absence %

Has holiday already been taken this school ? Yes/ No Previous Year's Attendance%

Number of days approved..... Number of days unauthorised.....

Signed:..... **(Mrs J M Taylor, Headteacher)** **Date**:.....