Great North Road **Tel:** 0113 2869232

Micklefield **email:** office@micklefieldceprimary.co.uk

Leeds **website:** www.micklefieldceprimary.co.uk

LS25 4AQ

**EXCEPTIONAL CIRCUMSTANCES LEAVE REQUEST FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Children:** | **First Name** | | | **Surname** | | **Class** |
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|  | | | | | | |
| **Leaving date:** |  | | | **Date due back in school:** | |  |
| **Length of absence applied for (number of school days only):** | | | | | | **days** |
|  | | | | | | |
| **Siblings in other schools:** **Please note this request information will be shared with the attendance lead in the school in which the sibling/s attend** | **First Name** | | | **Surname** | | **School** |
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| **Parents: (eg. Mother, Father, Grandparent, Carer):** | | **First name** | | | **Surname** | |
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|  | | | | | | |
| **Address** | | | **Contact Details** | | | |
|  | | | **Email:** | | | |
|  | | |
|  | | | **Home:** | | | |
|  | | | **Mobile:** | | | |
|  | | | **Alternative number while away:** | | | |
| **Post Code:** | | |
|  | | | | | | |

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| --- | --- | --- |
| **Reason for absence including full explanation (use a separate sheet of paper is necessary)**  The exceptional circumstances are… | | |
| **Point of departure (eg. Airport, Coach, Train Station etc.):** | **Emergency Contact Details (preferably someone who is staying in Leeds):** | |
| **Time of departure:** | **First Name** | **Surname** |
|  |  |
| **Flight numbers and name of airline:** | **Address:** | |
| **Destination:** | **Post Code:** |  |
| **Relationship to Child:** |  |
| **\*Provide copies of travel plans to support your request.\*** | **Contact No:** | |
| Who is leaving the UK (please tick all that apply)  Mother 🞏  Father 🞏  Other members of the family (please write the names and relationship to the child): | If child is not leaving with parent(s) who is accompanying them?  Who will be caring/responsible for the child?  Why is/are the parent(s) not leaving with the child?  Name:  Relationship to child:  Address: Postcode: | |

**Statutory Declaration**

***Legal responsibility***

***As a parent/guardian I understand all children aged between 5 and 16 are required by law to receive an education, and under the provisions of the Education Act 1996, it is my responsibility as a parent to ensure the regular school attendance of my children and that failure to do so could result in legal proceedings being taken by the Local Education Authority.***

*I understand that requests for leave can only be granted by schools if there are* ***exceptional circumstances****, and* ***holidays are not considered exceptional****. They must also be made to the school in advance, as the* ***Department for Education*** *has told schools that they cannot authorise any absences after they have been taken.*

***Fines***

*I understand if my request is unauthorised I am most likely to be fined,* ***£60 per parent, £60 per child*** *(for example a family of 4 with 2 parents and 2 children will be fined a total of £240).*

*Once the penalty notice is issued, I have* ***21 days in which to pay the fine****. If I fail to pay in that time period, the fine* ***will double*** *and I then have* ***another seven days in which to pay****, taking the total time in which to make payment to 28 days.*

***If I fail to make payment after 28 days*** *then the local authority has the power to prosecute me in the magistrate’s court for the offence of failing to ensure my child attends school regularly. A guilty verdict at court* ***can lead to a fine of up to £1000, and a criminal record which can affect employment opportunities.***

***School places***

*I am aware that a* ***referral will be made to the Local Authority Children Missing from Education Team (CME) if my request is unauthorised and my child hasn’t returned to school on the agreed date****. This can result in my child* ***losing their school place****.*

*I am also aware that there is a shortage of places in the area, so if my child loses their school place it could result in having to travel to a school out of area or my child without a school, being a detriment to their education and causing implications to my own employment.*

**Parents Full Name: Parents Full Name:**

**Parents Signature: Parents Signature:**

**Date: Date:**

**School section**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | **Class** | **Last Year Attendance** | **Current**  **Attendance** | | |  | | |
|  | |  | **%** | **%** | | |
|  | |  | **%** | **%** | | |
|  | |  | **%** | **%** | | |
|  | |  | **%** | **%** | | |
|  | |  | **%** | **%** | | |
|  | | | | | | | | | |
| **Any previous request** Yes🞏 No🞏 | **Number of Days:** | | | | **Child’s name:** |  | | | |
| **Dates:** | | | |  | | | |
| **Reason:** | | | | | **Is the requested absence during exams** Yes🞏 No🞏 | | | | |
| **Reason for refusal/Comments** | | | | | | | | | |
| **Authorised 🞏** | | **Number of School days Approved** | | | | | |  |  |
| **Unauthorised 🞏** | | **Number of School days Not approved** | | | | | |  |  |
| **Headteacher’s Signature** | |  | | | | | | **Date** |  |