

## NOTIFICATION OF TERM TIME UNAUTHORISED ABSENCE

*NOTE: in completing this notification, a request for leave is not being made. It is notification that you intend to remove your child/ren from school DURING TERM-TIME*

Name of parent / carer:		
Address:		
Telephone:		
Child/ren's name(s):	Child 1:	Class:
	Child 2:	Class:
	Child 3:	Class:
	Child 4:	Class:
Reason for unauthorised absence:		
Destination:		
From (first day of absence):		
To (last day of absence):		
Number of learning days lost:		

- ✓ I acknowledge that holidays during term time are **unauthorised**.
- ✓ I acknowledge that absences of 5 school days or more will result in a fine from the **Local Authority**.
- ✓ I acknowledge that absences of 20 school days or more will result in my child losing their place, and that upon re-application a place is not guaranteed.
- ✓ I acknowledge that taking my children out of school will cause disruption to their learning. This time will never be recouped.
- ✓ I will be asked to meet with Governors to discuss the unauthorised absence.

Parent/Carer signature:

Date: