



HEACHAM JUNIOR SCHOOL

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Leave of absence form

This form MUST be submitted at least 4 weeks before the date of absence.

Name of Pupil:	Name of Parents/Carers:				
Class:	Telephone No:				
Siblings in this or other schools if a	plicable				
_	Email:				
Name:					
School:					
Dates of request: From:	То:				
Why are you requesting leave of absence during term time?					
What steps have you taken to minim	se the impact of the leave on your child's learning?				
What steps have you taken to minimise the impact of the leave on your child's learning?					
	e, please state where you will be staying during the leave				
period:					
Please provide the full address;					
Emergency contact details (UK and Abroad) – name, telephone number and relationship					
UK:					
Abroad:					
I can confirm that the information on this form is true.					
• I agree to keep the school informed of any changes to my travel arrangements or if my child is					
unable to return to school on the due date.I am aware that if my child does not return to school by the date provided that he/she may lose their					
place at this school.					
• I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Head Teacher.					
• The data you supply on this form is used by the Head Teacher to assess the request against the					
criteria outlined in our Attendance Policy. The Head Teacher may share this information, where relevant, with the respective Head teachers at other schools for the purpose of trying to co-ordinate					
absence requests for family groups. However, there is no guarantee that absence will be granted by					
either school.If you do not wish the information on this form to be shared in this way, please indicate below:					
	t name & relationship to child: Date:				
i					

	For school use only:	Date request received:				
	Has the request been considered by the Head Teacher? Yes / No					
Has the request been discussed with the parent/carer? Yes / No – Date: /						
	No. of days requested:					
	No. of days authorised:					
No. of days unauthorised:						
I unauthorised leave is taken and this case complies with Penalty Notice criteria please forward to the						
Local Authority along with Pupil attendance registration certificate.						
	Name of Academy:	Head Teacher's signature:		Date:		