

**LEAVE OF ABSENCE REQUEST FORM**

Please be advised that Wokingham Children’s Services 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. If approved your child will be expected to collect and complete all missed work. 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. Taking an unauthorised holiday is a Criminal Offence and may result, depending on the circumstances of each case, in either a Penalty Notice being issued or Prosecution in the Magistrates Court.***

***A Penalty Notice may be issued without further warning. From August 2024, payment of a first Penalty Notice within 21 Days is £80, increasing to £160 if paid between 22-28 days. Penalty Notices are issued to each parent/guardian, per child. A second offence penalty notice will start at £160 per parent/guardian, per child. Third offences will be considered for prosecution.***

***If a penalty notice is not paid then parents/guardians may be prosecuted in the Magistrates Court. In some cases, 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 £1000 and a Criminal Record. ``More information can be found on the Wokingham Borough Council website or from the Education Welfare Service.***

Pupil's name .....Year ..... Class .....

Reason for absence in term time. (This must be completed) If the absence is for religious observance, please include the name and contact details of your place of worship.

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Absence Period from (1<sup>st</sup> day of absence).....to (last day of absence).....

Number of school days to be missed .....

Sibling details Name(s) / School(s)

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Signature of Parent(s) / Carer(s)..... Date.....

Name of Parent(s) / Carer(s) .....

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School use only

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

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

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School Response

Your request for leave of absence has been considered and has / has not been approved.

Signed:.....

Date:.....

Mrs N Taylor-Dickens Head Teacher

