

## APPLICATION FOR LEAVE OF ABSENCE

There are 13 weeks of school holiday each year and parents are expected to take family holidays in this time. However, the governing body can authorise a maximum of 10 days leave during term-time in any year. Such <u>leave will only be approved on compassionate grounds or in truly exceptional circumstances</u>. Leave will not be approved during assessment/exam periods and is conditional on good prior attendance. Applications should be made at least one month before the intended date of travel, except for cases of unforeseen family emergency or compassionate leave.

Should parents take their child out of school without permission or for longer than the authorised period of time, he or she may be removed from the school roll. In this case, the place may be allocated to another pupil/student and parents would be required to re-apply for admission on their return.

For more information, please see the Aylesbury Vale Academy Attendance Policy.

## TO BE COMPLETED BY PARENTS/CARERS

| Child's<br>Name:                 |                |                         |        |              |    |                      |            | Cla                          | ss:    |         |             |            |  |
|----------------------------------|----------------|-------------------------|--------|--------------|----|----------------------|------------|------------------------------|--------|---------|-------------|------------|--|
| Proposed Dates of Absence        |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| First day absent:                |                | Return to school on:    |        |              |    |                      |            | Total number of days absent: |        |         |             |            |  |
| Reason for absence request:      |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| 1                                |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
|                                  |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
|                                  |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
|                                  |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
|                                  |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| Signed:                          | (Parent/Carer) |                         |        |              |    |                      |            | Date:                        |        |         |             |            |  |
| TO BE COMPLETED BY ACADEMY STAFF |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| Received by member of staff      |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| Signed:                          |                |                         |        |              |    |                      |            |                              | te:    |         |             |            |  |
|                                  |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| Attendance Officer to complete   |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| No. days                         | /              | Atte                    | ndance | e this year: | %  | Una                  | authorised | rised                        |        | %       |             | Behaviour: |  |
| requested:                       |                |                         |        |              | /0 | absence:             |            |                              | 70     |         | Bellaviour. |            |  |
| Approval by Headteacher          |                |                         |        |              |    |                      |            |                              |        |         |             |            |  |
| Request approved/refused         |                | Signed:                 |        |              |    |                      |            |                              | Date:  |         |             |            |  |
| Insufficient reason for request  |                | r Poor prior attendance |        |              |    | sessment/Exa<br>riod | Bel        |                              | Behavi | haviour |             |            |  |