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**Bishop Bronescombe C of E School**

Boscoppa Road, St Austell, Cornwall, PL25 3DT

[bishopbronescombe.secretary@celticcross.education](mailto:bishopbronescombe.secretary@celticcross.education)

01726 64322 [www.bishopbronescombe.co.uk](http://www.bishopbronescombe.co.uk)

**EXCEPTIONAL CIRCUMSTANCE LEAVE REQUEST**

**NOTICE TO PARENTS /CARERS**

Dear Parent/Carer,

The law does not grant parents an automatic right to take their child out of school during term time. Any absence from school will disrupt your child’s learning. You may consider that a holiday will be educational, but your child will miss out on the teaching that their classmates will receive during your holiday. Attendance is vital to academic success and lost education poses a potential risk of under achievement. This is something we all have a responsibility to avoid.

The Department of Education no longer allows Heads to grant any leave of absence during term time unless there are exceptional circumstances. If you consider that your request for absence is exceptional you will need to complete the form attached to this notification. A response will be sent to you as soon as possible. If leave is not authorised and you nevertheless withdraw your child from school, the absence will be recorded as unauthorised absence.

**In the case of an unauthorised absence the Education Welfare Services may be notified, and a Penalty Notice may be issued. Please note that a Penalty is issued to each parent for each child taken out of school. A Penalty Notice carries a fine of £60 if paid within 21 days, increasing to £120 if paid within 28 days. If the fine is not paid after 28 days, it may result in legal action being taken against you. Parents have a duty to ensure their child’s regular attendance at school and failure to do so is an offence under Section 444(1) of the Education Act 1996.**

All requests must be completed on the attached form, letters will not be accepted. This form should be returned to the School Office at least 20 days before the start of the absence.

I hope you will support our efforts in raising attendance and attainment at Bishop Bronescombe School.

Yours sincerely

Debbie Carmichael

Head of School

***APPLICATION BY PARENT/CARER***

If you consider an absence during term time to be an exceptional circumstance, please complete this form and return it to the Attendance Office at least 14 days before the date you wish to remove your child from school.

**Pupil Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Post Code:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First day of absence**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of return to school**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of days missed**: \_\_\_\_\_\_\_ days

**Reason for absences:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I understand that if the absence request is unauthorised the Education Welfare Service may be notified of the absence and a Penalty Notice may be issued. I understand that a Penalty Notice is issued to each parent/carer of each child taken out of school and that this carries a fine of £60 if paid within 21 days, increasing to £120 if paid within 28 days. I understand that if I do not pay the fine, it may result in legal action being taken against me.* ***Parents have a duty to ensure their child’s regular attendance at school and failure to do so is an offence under Section 444(1) of the Education Act 1996.***

Signed ……………………………………………………………………… Dated ………………………………………………………….

*(Please ensure you give at least 14 days’ notice of the proposed absence)*

***Below to be completed by the school:***

FAO – Head

|  |  |  |
| --- | --- | --- |
| % Current | % Last Year | Comments |
|  |  |  |

Pupil Name: …………………………………………………………………………………… Class:……………… Year:…….…

**🗌 AUTHORISED:**

Request has been authorised for the following dates **only:**

\_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ /\_\_\_\_\_

**🗌** **UNAUTHORISED:**

**Signed …………………………………………………. Head Date \_\_\_ / \_\_\_ / \_\_\_**

|  |  |
| --- | --- |
| Letter sent / Phone Call / other | Signed: Date: |
| Action: | Signed: Date: |