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St Helen's CEP School  
Church Street,  
Cliffe, Nr Rochester,  
Kent ME3 7PU

Church of England  
Primary School

Love to learn, learning to love,  
all different, all equal



**REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME**

If, after reading the letter on the reverse, you consider you have exceptional circumstances to request a leave of absence during term time, please complete this form and return to the school at least 14 days before the date you wish to remove your child from school.

Pupil Name ..... Class .....

Home Address .....

First day of absence ..... Date of return to school .....

Total number of days missed .....

Exceptional circumstances are as follows:-

.....  
.....

**I understand that if the request is unauthorised the Attendance Advisory Service to Schools and Academies on behalf of Medway Council will be notified of the absence taken and a Penalty Notice will be issued. I understand that a Penalty is issued to each parent for each child taken out of school and that this is a fine of £60 which increases to £120 if not paid within the first 21 days. I understand that if I do not pay this will result in legal action.**

Name of Parent/Carer making application .....

Signed .....

Dated .....

(Please ensure you are giving at least 14 days' notice of the proposed absence)

.....

Pupil Name ..... Class .....

**AUTHORISED:**

Your request has been authorised for the following dates: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**UNAUTHORISED:**

Your request has been unauthorised for the following dates: \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

**This means that it is not considered that the circumstances you describe are exceptional. If you proceed to take the absence a Penalty Notice/s will be issued.**

Signed ..... Date \_\_\_ / \_\_\_ / \_\_\_

Head Teacher

