



LEAVE OF ABSENCE REQUEST FORM

Please be advised that Wokingham Children's Services and the 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. 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. Payment of a Penalty Notice within 21 Days is £80, between 22 and 28 days is £160. **If a second holiday is requested within 3 years, a second Penalty Notice of £160 if paid within 28 days, may be issued.** Penalty Notices are issued to each parent, per child. However, if a penalty notice is not paid then the Parents 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

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 (1st day of absence).....to (return date to school).....

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 Response

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

Signed:..... Date:..... Name:.....

Office Use

Date received Attendance % PN 1 PN 2 Arbor ☐