**Stoke-on-Trent City Council**

**Application for Leave of Absence in Exceptional Circumstances in Term Time**

**The Education (Pupil Registration) Regulations 2006**

**Name of School: The Willows Primary School**

This form should be completed in advance of the proposed period of absence by the parent with whom the child normally resides. In line with Government and Local Authority guidance, all leave requests will be dealt with at the discretion of the Head teacher/Pupil Support Officer and the child’s period of attendance will be taken into account. For leave of more than 5 school days in durationor or when school have concerns about the leave request, the Headteacher or representative will arrange to meet with you to discuss your application.

I wish to apply for leave of absence from school for my child:

Name of Child: ……………………………………………………………. Class: …………

Surname of parent/carer: ……………………………..... First name: ………………………

Relationship to child: ………………………………... Are there any siblings

 Applying for leave: ……………….

First day of leave requested…......................................... Last day…………………………..

Number of school days involved ……. Destination: …………………………………………

**PLEASE SEE REVERSE**

Exceptional circumstances leading to request:

**For school office use only:-**

**Pupil name: ……………………………………………………………………… Reg: …………..**

**Date application received**: …………………..

**Pupils % attendance**: …………….

**Date of meeting with parents** (if applicable): ………………………….

**Parents informed of potential consequences of taking unauthorised leave** : yes/no

**Is leave in excess of 10 days**: yes/no

**Number of previous leave applications**: …………….

**Is leave authorized or unauthorized by the Head Teacher**: authorised/unauthorized

**Headteachers signature**: ………………………………………

**Date**: ……………………………………..