

Newton Road School



Request Form for Leave of Absence

Name of Child: _____ DOB: _____ Class: _____

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I request permission for the above named child/children to be allowed leave of absence from Newton Road School

From Date: _____ to: _____ (inclusive)

Total number of school days _____

Return to school on _____

Reason for Request (please give a full explanation):

Please list below all Parents/Carers requesting leave of absence;

<u>Full Name</u>	<u>Full Address including postcode</u>	<u>Contact Number</u>
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For full details of our Attendance Policy, please see our website www.newtonroadschool.org.uk or request a paper copy.

Important Dates

KS1 National Assessments Tests week will be in May 2024

KS2 National Assessment Tests week will be in May 2024

Year 4 Multiplication Tables Check will be in June 2024

Year 1 Phonics Screening will be in June 2024

Percentage of Attendance: _____ (Office to complete)

We would like to remind you that Parents/Carers can be fined by the Local Authority for taking their child on holiday during term time without the consent of Newton Road School.

It is important that Parents/Carers understand that the initial Fixed Penalty Notice of £120 is issued to each Parent/Carer for each child with 28 days given to settle the Penalty. If the Penalty Notice is paid within the first 21 days, the amount payable is reduced to £60.00 to each Parent/Carer for each child.

Example 1: A two-parent family with two children would be fined a total of £240.00 if the Penalty Notice was settled within 21 days.

Example 2: A two-parent family with two children would be fined a total of £480.00 if the Penalty Notice was settled after 21 days.

There is also the possibility of a Fixed Penalty Notice for an accumulation of unauthorised absence or poor attendance of 90% or less.

Parents/Carers are only permitted a maximum of 2 x Fixed Penalty Notices per child for their entire school history. After this, you are running the risk of legal proceedings. It will be for the Educational Inclusion and Partnership Team (EIP) to decide how to proceed.

Upon return to school a referral will be made to the Educational Inclusion and Partnership Team (EIP). By signing below, each person is consenting for both the referral and for the involvement of Learning, Skills and Education Service with your child/children and family. You are also confirming that information will be shared with Learning, Skills and Education Service and they can discuss your child's/children's progress with other involved professionals including those from other organisations, settings and health colleagues.

Signature of each Parent/Carer requesting leave of absence:

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Reply slip (Office to complete)

This is to confirm your request for leave of absence for;

Name of Child: _____ DOB: _____ Class: _____

Name of Child: _____ DOB: _____ Class: _____

Name of Child: _____ DOB: _____ Class: _____

From Date: _____ to: _____ (inclusive)

Has been authorised

Has not been authorised

Comments:

Signed by Miss K Mills : _____ Date: _____
Principal