



Capenhurst C.E. (Cont) Primary School
 Capenhurst Lane
 Capenhurst
 Chester CH1 6HE

Tel: 0151 832 3750
 e-mail address head@capenhurstcep.cheshire.sch.uk

Head Teacher: Mrs C Green

Current Attendance (to be completed by school)
 This figure excludes any covid absence

Name: _____

Name: _____

LEAVE OF ABSENCE REQUEST FORM

From the 1st September 2013, **the new law does not give any entitlement to parents to take their child on holiday during term time.** Any applications for leave of absence must be in exceptional circumstances and the Head Teacher must be satisfied that the circumstances warrant the granting of leave. Parents can be fined by the Local Authority for taking their child on holiday during term time without consent from the school.

ALL SECTIONS MUST BE COMPLETED FOR THIS REQUEST TO BE CONSIDERED:

I wish to seek permission for my child/children..... Year Group

Dates of absence: to Total days absence requested:

I am requesting this leave of absence because (PLEASE GIVE A REASON).....

Does your child(ren) have a sibling(s) at another school who will also be requesting a leave of absence on these dates?

Name of sibling(s): School attended: Year Group:

Have you ever requested leave of absence for your child(ren) during term time prior to this application? YES/NO Dates:

Parent/Carer signature: Date:

To be completed by the Headteacher:

A copy of this form will be returned to the Parent/Carer

Absence Authorised / Absence not Authorised

Headteacher Signature:

Date: