

LEAVE OF ABSENCE REQUEST FORM

Please be advised that the **Department for Education** have advised schools to only authorise leave of absence/holidays in exceptional circumstances, hence Rivermead will not approve any absence in term time, except in such circumstances:

- a) for service personnel and other employees who are prevented from taking holidays outside term-time if the holiday will have minimal disruption to the pupil's education; and
- b) when a family needs to spend time together to support each other during or after a crisis.

Please complete the section below and return to school at least one month before the requested absence. Rivermead 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 £60, between 22 and 28 days is £120. 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 Class

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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.....(Continue over)

Absence Period from (1st day of absence)to (return date to school)

Number of school days to be missed

Sibling Name (s) / School (s)

Signature of Parent/Carer Date

SCHOOL USE ONLY:

Authorised: Unauthorised:
