**BOURNE COMMUNITY COLLEGE**

**Request to remove a child from learning**

**THIS FORM NEEDS TO BE COMPLETED FOUR WEEKS IN ADVANCE**

Leave of absence is requested for:

|  |  |
| --- | --- |
| Child’s name |  |
| Date of Birth |  |
| Tutor Group |  |
| Dates requesting child be absent from school(From and To) |  |
| Number of days absent |  |
| Reason for request (Please give full details on a separate sheet, if necessary, to determine why this should be classed exceptional) |  |
| Name of person making request and relationship to child |  |
| Address |  |
| Telephone number |  |

**Notes for parents:**

1. **The law states that parents must ensure their children regularly attend school to receive their education. A week’s absence for a holiday and a week’s absence for illness would give an attendance figure below 95%. The Government considers attendance unacceptable below 95%.**
2. **Bourne Community College follow Government and Local Authority guidance. Absences will only be authorised if the absences are for exceptional circumstances or for approved activities (such as a representative at a sporting event or religious observance).**
3. **Only the Headteacher can authorise exceptional circumstances. These are likely to be rare, significant, unavoidable and short. There is no entitlement to take a child out of school for a family holiday. You may be asked to provide evidence to support your request. Please note that having already booked a holiday will not be considered as a good reason for term time absence. Issues of cost will not be considered as an exceptional reason.**

**Declaration**

**I confirm that the information given on this form is true. I understand that I must ensure my child attends school regularly and that failing to do so is a criminal offence which may result in legal proceedings being taken against me, either through a penalty notice or by a prosecution in the Magistrate’s court.**

**Signed: ……………………………………………………..Date: ………………………….**

**----------------------------------------------------------------------------------------------------------------**

**HEADTEACHER TO COMPLETE THIS SECTION**

Leave of absence **approved** for ………………… days.

Leave of absence is **not approved**. As the request does not meet the guidelines that allow us to authorise the absence, therefore if the student is absent as proposed it will be recorded as unauthorised.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signed: …………………………………………………… Date: ………………………...

 Register Code for this absence ……………………………………………