



Mr. Darron Jackson - Headteacher

Deben Avenue, Martlesham Heath, IP5 3QR

office@gorseland.net

www.gorseland.net

01473 623790



## REQUEST FOR EXCEPTIONAL ABSENCE

Leave of Absence for a 'holiday' may be granted in the following circumstances but are still at the discretion of the Headteacher. An application must be made, with appropriate evidence, four weeks in advance of the intended absence. Schools will consider authorising absence for;

- The Employer dictates the annual leave allowed – a letter of proof is requested.
- Parents in the armed forces returning from overseas placement.
- Public Services such as Police, Fire and Health whose holiday is rostered and changes are unable to be made.
- Cultural issues for families returning to their homeland.
- Wedding of immediate family member.
- Issue of self-employment has come to the fore in recent years; this would be assessed on an individual basis.

Considerations that are not deemed 'exceptional':

- Cost of the holiday is less in term time.
- Prolonged holiday.
- Absent parent/grandparent taking the child on holiday in term time.
- Absences during public examinations and SATS tests.

The Education Attendance Service, on behalf of Suffolk County Council, will be issuing fixed penalty notices in the following situation where unauthorised absence occurs:

- Where a pupil has taken unauthorised holiday during term time.
- Where a pupil has a block of unauthorised absence in any one school term.

The penalty notice is payable to the Local Authority (details for payment will be contained in the Notice). The amount of the penalty is:

- £60 per parent per child, if paid within 21 days of receipt of notice.
- £120 per parent per child, if paid before 28 days.

Please complete ALL details below. If the absence is for a medical appointment, please indicate this below. For any other reason, please attach a letter explaining why this period of absence cannot be taken during school holidays.

Name of Child/ren	Class	From	To	Total School Days

This request has also been made for the following siblings at another school:

Name of Child/ren	School

Signed: ..... (Parent/Guardian) Date: .....

**Please give details of medical appointments here:**

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**Parent's Copy/School's Copy**

**To be returned to the Parent/Guardian (please complete)**

Pupil's name: ..... Class: .....

Requested period of absence from: ..... To: .....

Signature of Headteacher: ..... Date: .....

Authorised / Not Authorised by Headteacher: .....