



Diocese of Northampton
St Martin de Porres Catholic Primary School

Pastures Way Luton Bedfordshire LU4 0PF
Telephone: 01582 617600
Head Teacher: Mrs N J Morgan BA Hon PGCE
Website: www.stmartindeporesluton.co.uk
Registered Company Number: 9660515

Application for Leave during Term-Time 2018/2019

(For Completion by Parent / Guardian)

Dear Parent

Thank you for your request for term time leave during the 2018/2019 academic year. Please ensure you have read, and that you understand the schools Term Time Leave Policy. Full details of our Leave of Absence Policy, including a Summary version, can be found on our school website (www.stmartindeporesluton.co.uk). Term time leave should be applied for at least **2 weeks** in advance of leave being taken.

The Head teacher will only allow your child to take leave during term time if your circumstances are exceptional. Authorisation for leave **will not** be given in the following circumstances:

- Pupil’s attendance is less than 97% attendance in the current academic year.
- Pupil’s attendance was less than 97% attendance in the previous academic year.
- In SATs examination years (Year 2 and Year 6).
- At the beginning of any academic year.
- Any leave requested retrospectively (requested after the leave is taken).
- If there are any other attendance concerns such as poor punctuality.

| Child’s Name | Date of Birth | Class |
|--------------|---------------|-------|
| | | |
| | | |
| | | |
| | | |

Date for which Term Time Leave is being requested: From: To:

Return to School on (date):

Total number of school days:

Reason and destination for Term Time Leave:

.....
.....



***Please provide a copy of your provisional / proposed booking to confirm dates of leave requested. If you have children at other schools, a request for leave must be made to each school for their consideration.**

PLEASE NOTE: The Local Authority will issue a Penalty Notice (starting at £60 per parent / per child if paid within 28 days, rising to £120 per parent / per child if paid between 29 and 42 days) if the term time leave is unauthorised and in excess of 5 school days. Your child will be removed from the school roll if they are absent for 20 consecutive school days without authorisation or do not return after 10 days once the agreed leave has expired.

Signature of Parent: Date:

FOR SCHOOL USE ONLY

Date application received:
(Please date stamp)

| Childs Name | Current Attendance Details (%) | Previous Years Attendance Details (%) | SATs Year | Application Authorised/Declined |
|-------------|--------------------------------|---------------------------------------|-----------|---------------------------------|
| | | | Yes/No | |
| | | | Yes/No | |
| | | | Yes/No | |
| | | | Yes/No | |
| | | | Yes/No | |

Leave requested for the beginning of an academic year (September) Yes No
 Provisional booking seen / copy taken and attached to this form: Yes No N/A

Reasons for school's decision:

Head Teachers Signature:

Date:

Leave of Absence Returned to Parents (date):
(Please date stamp)

