

REQUEST FOR LEAVE OF ABSENCE DURING TERM TIME
(Manchester Local Authority)

SECTION A – TO BE COMPLETED BY PARENT / CARER (PLEASE USE BLOCK CAPITALS)

Pupil Name: _____

Year Group: _____ Advisory: _____

Date of Birth: _____

Parent/Carer Names:

Home Addresses:

Contact Telephone Numbers: _____

REQUESTED DATES OF ABSENCE

From (date): _____

To (date): _____

Total Number of School Days Requested: _____

REASON FOR REQUEST

(Please provide full details. Attach additional information if required.)

PARENT / CARER DECLARATIONS

(Please circle YES / NO)

I have read and understood the school's attendance guidance and Manchester Local Authority regulations.

YES / NO

I understand that there is no automatic right to take my child out of school during term time.

YES / NO

I understand that good attendance (95% or above) is essential for my child's progress.

YES / NO





I am aware that attendance below 90% is classed as persistent absence.

YES / NO

I understand that leave of absence will only be authorised in exceptional circumstances.

YES / NO

I am aware that the cost or availability of a holiday does not constitute exceptional circumstances.

YES / NO

I understand that unauthorised absence may result in a Penalty Notice being issued by Manchester Local Authority.

YES / NO

SIBLINGS IN OTHER SCHOOLS (IF APPLICABLE)

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Parent/Carer Signatures: _____

Date: _____

SECTION B – FOR SCHOOL USE ONLY

Current Attendance: _____ %

Previous Leave Requests: YES / NO

Decision: APPROVED / NOT APPROVED

Number of Days Authorised: _____

Reason for Decision:

Authorised by: _____

Role: _____

Date: _____

