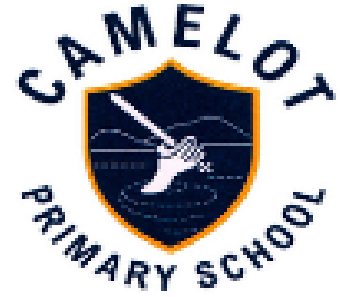


APPLICATION FOR SPECIAL LEAVE - PUPILS



Guidance notes – to be read before completing this application form & as supported by the school’s attendance policy (copies available from the school office)

- 1** Prior authorisation from the headteacher is required for all applications of special leave for pupils. Parents/Carers are requested to factor in the necessary time in their application for this prior written approval to be given.
- 2** Special leave is granted by the Headteacher. Applications are considered in the context of the needs of the child only and where sufficient justification is given to warrant the child’s absence from school, with reference to the school attendance policy.
- 3** All applications for special leave must be submitted on this form. All applications include half day absences for school visits or medical appointments that may mean the child will not be registered for that half day. The form will be returned if any section has not been adequately completed.
- 4** Applications for special leave for reasons not to do with the child, e.g. for parents/carers to care for sick dependants **or** because the parent/carer is unable to make arrangements for the child to be at school will **not** be granted as authorised absence
- 5** This form can be downloaded in pdf form from the school website or alternatively an electronic copy can be obtained by emailing the office at general@camelot.southwark.sch.uk
- 6** Except in exceptional circumstances related to the child themselves, applications for special leave in excess of ten days cannot be granted. Any unauthorised absence in excess of ten days will be referred to the Education Welfare Service for consideration regarding the school’s response.

Section A

Child’s First Name: _____ Surname: _____

Year Group: _____ Tel No: _____

Number of days requested: _____ Dates: _____

Date of this request _____ (**we ask that this date is the date the school receives form**)

Reasons for request: Applicants should describe the circumstances giving rise to this request, including the reason why they consider it necessary to be absent during working hours. Please include **ALL** relevant information which you feel supports your request. Any request is considered on the basis of what will be the impact on the child’s education.

Section B

a) I support ___ days special leave because _____

and I am able to assured that the child's education will not be unduly affected.

b) I do not support this application because _____

Special leave taken by this child over current and previous leave year:

No of days	Dates	Reason	Request made by	Agreed/ Not Agreed

It is essential that all pupils meet the school's overall attendance target for 2016-17 of 97% which allows for any sickness or special leave absence. Any attendance rate below 90% will trigger a 'cause for concern' letter sent by the school's learning mentor to inform the parents/carers of this issue. No special leave will be granted for pupils with an attendance rate of less than 90% at the time of request.

Leave taken this year	
------------------------------	--

Sickness absence	
-------------------------	--

Current Attendance Rate	
--------------------------------	--

Signed (Headteacher): _____ Date: _____

This form to be filed on the pupil file with a photocopy of the decision given to the parents/carers within five working days of the headteacher's dated decision