

**GILLINGHAM SCHOOL – TERM TIME LEAVE REQUEST FORM**



**Important information:**

1. Absence from school has a direct and detrimental impact on pupil progress.
2. Schools can only agree to a holiday in term-time in exceptional circumstances.
3. You will need to explain why your child needs a holiday in term time.
4. If the school do not agree to your child having a holiday in term time, you should not take them.
5. You are advised not to make any arrangements until you know whether holiday has been agreed.
6. School can ask Dorset Council to send Penalty Notices or take Legal action against you if your child takes a holiday in term-time without our agreement.

**Penalty Notices and Legal Action:**

1. Penalty Notices are issued to each parent with respect to each child who has been absent.
2. A Penalty payment of £80 per parent, per child within 21 days of it being sent.
3. If the Penalty is not paid, parents have a further 7 days in which they can pay a higher penalty of £160 per parent, per child.
4. If the Penalty is not paid within 28 days, Dorset Council may prosecute each parent under Section 444 of the 1996 Education Act for each child’s absence.

Please refer to our Attendance Policy on the school website for full information.

I wish to apply to for my child(ren):

1. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_
2. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_
3. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_

to be authorised absent from school:

Date of first day of absence: \_\_\_\_\_ to date of last day of absence: \_\_\_\_\_

Reason for absence:

\_\_\_\_\_  
\_\_\_\_\_

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ (Parent/Carer)

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ (Parent/Carer)

Relationship to child(ren) \_\_\_\_\_ Date \_\_\_\_\_

The outcome of the request will be passed to all parties with Parental Responsibility

PLEASE RETURN THE COMPLETED FORM VIA EMAIL TO [office@gillingham-dorset.co.uk](mailto:office@gillingham-dorset.co.uk) OR RETURN TO THE SCHOOL OFFICE.

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**REQUEST FOR AUTHORISED ABSENCE FROM SCHOOL DUE TO EXCEPTIONAL CIRCUMSTANCES REPLY SLIP.**

To the parents / carers of

1. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_
2. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_
3. Child’s name \_\_\_\_\_ Tutor Group \_\_\_\_\_

Your recent application for authorised absence for dates \_\_\_\_\_ to \_\_\_\_\_ has been  
AUTHORISED / NOT AUTHORISED

Signed : \_\_\_\_\_ Attendance administrator Date: \_\_\_\_\_

Please note that if we have not agreed the absence and your child is absent, this absence will be recorded as unauthorised.