# Children’s Service and Education Directorate

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| **UPN** |  |

Inclusion and Place Planning Team

**APPLICATION FOR DISCRETIONARY LEAVE OF ABSENCE**

**Name of School DfE Number**

If you wish to request discretionary leave of absence for your child, please complete this application form and return it to the Headteacher as soon as possible and in advance of making any travel arrangements. Please note that there is no entitlement in law for parents to take their children out of school during term time without first obtaining permission from school.

If you do take your child out of school without securing advance permission or he/she fails to return to school on the agreed due date, you are likely to be issued with a Penalty Notice under Section 444 of the Education Act 1996. If payment is made within 21 days of receiving a penalty notice, the amount is £60 per parent, per child. The fine increases to £120 per parent, per child if payment is made after 21 days but within 28 days. Thank you.

***EVERY SCHOOL DAY COUNTS, AND EVERY DAY IS IMPORTANT***

| **Child’s First Name** | **Child’s Surname** | **D.o.B.** | | | **Year Group** | **Gender** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **Male**  **Female** |

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| **Parent (s) / Carer (s)** | | | |
| **First Name** |  | **First Name** |  |
| **Surname** |  | **Surname** |  |
| **Relationship to Child** |  | **Relationship to Child** |  |
| **Address** |  | **Address** |  |
| **Contact Telephone** |  | **Contact Telephone** |  |
| **Email Address** |  | **Email Address** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Details** | | | | | | | |
| **Reason for Request** | | | |  | | | |
| **Destination (City & Country)** | | | |  | | | |
| **Date of Departure** |  | | **Date due back in School** |  | **Number of missed school days** | |  |
| **Emergency contact in Blackburn with Darwen (inc. contact number)** | | | |  | | | |
| **Parent/Carer’s Signature** | |  | | **Date Request made** | |  | |

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| --- | --- | --- | --- | --- | --- |
| **School Section** |  | | | | |
| **Date of meeting/conversation with parent/carer** |  | **Leave Authorised** | | **Yes**  **No** | |
| **Exceptional circumstances considered** |  | | | | |
| **Head teacher’s/Principal’s signature** |  | | **Date** | |  |

For absences of 10 days or more please forward this form prior to the child’s departure to [education.welfare@blackburn.gov.uk](mailto:education.welfare@blackburn.gov.uk)