





foundations of our TDA Way

TDET

Acting Principal: Mrs Emily Gaunt
Thomas Deacon Academy
Queen's Gardens
Peterborough, PE1 2UW
Tel: 01733 426060
Email: information@tda.education
Web: www.tda.education

RE: Leave of Absence

Dear Parent/Carer,

Please complete and return the attached form to the Academy straight away, providing as much information as possible. Completion of the form does not guarantee that your request will be approved, and if you fail to provide **evidence of exceptional circumstances** your request will be automatically declined.

As you will be aware, as of 1st September 2013, Head Teachers are no longer able to grant any leave of absence unless there are exceptional circumstances. It is also stated in our school policy that all requests for leave of absence should be made in writing, in advance of the proposed absence.

Unauthorised absence for 20 school days or more puts you at risk of losing your child's school place and will be reported to the Child Missing Education team at the Local Authority.

I must warn you that failure to ensure your child's attendance is an offence under Section 444 of The Education Act 1996.

Should you take an absence from school without approval, or if the reasons given for your child's absence from school are not satisfactory, then the Local Authority may take legal proceedings against you for your failure to comply with the law. This may result in:

- A Penalty Notice requiring the payment of a penalty up to £120 per parent per child. Failure to pay the penalty due will result in prosecution before Magistrates Court.
- Prosecution under Section 444(1) Education Action 1996, where if convicted you may be fined up to £1,000.
- Prosecution under Section 444(1a) Education Act 1996 where if convicted you may be fined up to £2,500 and/or a custodial sentence.

Please consider whether the absence you are requesting is necessary or whether alternative arrangements are possible.

Yours sincerely

Miss SJ Hope Attendance Officer



Leave of Absence Request Form



Child's Name:				D o B:		
Class:				Year:		
Main Parent(s)/Carer(s)						
Surname:			Surname:			
First Name:			First Name			
Date of Birth: (for legal p	urposes in t	he event of prose	cution)			
Date of Birth:			Date of Birt	:h:		Hilling Assertion Company
Address and Postcode:						
First written language if not English:						
Telephone contact No's:						
Siblings / Siblings School (if different)	1					
Siblings / Siblings School (if different):	1					
Additional Parent/Carer	(Please con	plete if parents liv	/e separately)			
Surname:		Fi	rst Name:		D o B:	
Address and Postcode:						
Telephone contact Nos:				4-1		
Start date of absence:						
Last date of absence:						
Exceptional circumstance absence, WITH EVIDENCE Types of evidence can indocuments, invitations,	E ATTACHE	ED : king details, flight				
We understand that a penaltive understand that a fine with index parent if paid with (All parents/carers to sign	ll be payable nin 21 days.	per child, per pare			8 days but redu	
Signed:		Full Name:			Date:	
Signed:		Full Name:			Date:	
To be completed by the sch	ool:					
Date Received by Schoo						
Total number of days red						
Leave of absence AGRE	ED / DECLIN	IED for the followi	ng reason/s:			
Date of decision letter se	nt to each r	arent/carer:				
Headteacher:						
Signed:				Date:		