



## MOULTON SCHOOL & SCIENCE COLLEGE

Telephone: (01604) 641600

admin.dept@moultonschoo.co.uk

### REQUEST FOR TERM TIME LEAVE OF ABSENCE.

(To be completed 4 weeks prior to leave. Separate forms should be completed if you have more than one child. All requests to be submitted for the consideration solely at the discretion of the Headteacher (Mr B Murphy BA))

Parents and carers are reminded that in accordance with legislation and guidance from the Department for Education, approval for term time leave of absence will rarely be approved. Parents and carers are reminded that term time holidays taken without permission, may result in the issuing of Fixed Penalty Notice from the Local Authority. The first time a Penalty Notice is issued for unauthorised absence the amount will be: £80 per parent, per child if paid within 21 days. Increasing to £160 per parent, per child if paid within 28 days. Any non-payment of the Penalty Notice may be referred to the Magistrates Court

Child's Name:		Yr Group:	
Full name of Parent/Carer 1		Relationship to child:	
Full name of Parent/Carer 2 (If residing at same residential address)		Relationship to child:	

I / we would like to apply for a term time leave of absence for my / our child

from: \_\_\_\_\_ to \_\_\_\_\_.

Please state why the leave must be taken during term time instead of during holiday periods:



**Headteacher** Mrs A Dabbs BA, MA, PhD

Pound Lane, Moulton, Northampton, NN3 7SD

**Senior Leadership Team** Mr B. Murphy BA • Miss J. Daniels B.Ed M.Ed • Mr R.J. Tudor B.Sc • Miss A Ford BA  
Mr J. Leigh BA/MA (Cantab) • Mr J. Nelson B.Sc • Mrs C. Allsopp • Mrs M. Severn LLB

Company Registration Number: 07807158

The reason(s) for this request is:

(Please supply any/and all supporting documentation)



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(Continue on a separate sheet if necessary)

**I / we understand that term time holidays taken without authorisation, may result in the issuing of a Fixed Penalty Notice from the Local Authority, of up to £160 per child.**

Signed Parent/Carer 1: \_\_\_\_\_

Signed Parent/ Carer 2: \_\_\_\_\_

Date form Submitted: \_\_\_\_\_

To be completed by the school



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Decision of Head:  Yes / No Mr B Murphy BA (Headteacher)	Reason if applicable:
Signed:  _____	Date:  _____
<b>Mr B Murphy BA (Headteacher)</b>	
Referred to EIPT: <b>Y / N</b>	Date of referral.  <b>Attendance Upload:</b> _____
Unauthorised leave of absence letter to parent/parents sent:  Parent 1  Parent 2	Date:
Additional comments:	
Staff Initials:	



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