

This form must be given to the Personal Tutor responsible for the student  
at least four weeks before the requested leave of absence.

# Thomas Telford School

## Parent Application for Student Leave of Absence 2026-2027

Student Name: \_\_\_\_\_

Year Group: \_\_\_\_\_ Personal Tutor: \_\_\_\_\_

Number of days leave requested: \_\_\_\_\_

Date (s) from: \_\_\_\_\_ to \_\_\_\_\_ inclusive

Parent's Name and Address: \_\_\_\_\_

Regular and full attendance is essential if students are to benefit fully from the education provided at Thomas Telford School. Parents and carers have a legal responsibility to ensure that their child attends school regularly. Leave of absence during term time will only be considered in exceptional circumstances, and family holidays should be arranged outside of school term dates wherever possible.

Before submitting a request, parents and carers are advised to read the School's Attendance Policy, available at [www.ttsonline.net](http://www.ttsonline.net) which includes information on the issuing of fixed penalty notices.

If, after careful consideration, you wish to apply for a leave of absence for your child, please complete and sign the section below

Having read the above I wish to apply for leave of absence for my child.

This is because: (Please give details of circumstances)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that we may need to discuss this with you, please give numbers where we may telephone you.

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date Received from Parents: \_\_\_\_\_

Overall % attendance to date: \_\_\_\_\_

Signature of Personal Tutor \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved ☐

Application not Approved ☐

Any special comment for the letter to parents:

Signature of Head of Year \_\_\_\_\_ Date \_\_\_\_\_

Signature of Attendance Lead: \_\_\_\_\_ Date: \_\_\_\_\_

Letter sent \_\_\_\_\_ Date: \_\_\_\_\_