Appendix 4: Notification of Leave of Absence for Holiday (Optional Form for Use)

States of Guernsey
Education Inclusion
Services

Notification by Parent/Carer of Leave of Absence for Holiday During Term Time

The Education Office within the States of Guernsey cannot and does not approve of school learners taking holiday in term time.

For reasons of safeguarding though, it is essential that schools are informed as to a learner's whereabouts when not in school during term time.

There is therefore a requirement for you to complete the form at the foot of this page and submit it to your child's Headteacher/Principal at least 2 weeks in advance of the date of the proposed holiday.

As holidays during term time are not authorised, your child will be marked as absent from school throughout the period of the holiday.

The Committee *for* Education, Sport & Culture and schools seek to provide high standards and high expectations for all, to enable learners to be successful and pursue a happy and fulfilling life. It is essential that all of the learners registered for school education attend regularly and punctually and that they access all that education offers. The Committee's expectation is that all learners will achieve an attendance of at least 95%.

A learner who has 10 days of absence across the school year will not meet this minimum standard.

Learners who do not attend school at or above 95% of the school year are at risk of poor outcomes in regards to; low attainment, reduced social contact, vulnerability to compromised mental health and wellbeing. This has an impact on later life, including health risks and limited employment and social opportunities.

I am notifying you that (name of child): _____

Will be taking leave of absence from (name of school): _____

from (date): _____ to (date): _____

in order to take part in a holiday.

I understand that this absence is not authorised by the school and will have a detrimental impact on my child's educational opportunities.

Signature of parent/carer:_____ Date:_____