

PUPIL REQUEST FOR EXCEPTIONAL TERM TIME LEAVE

To be completed by parent/carer requesting exceptional leave during term time. Please return to the school office. Please ensure this form is completed thoroughly or it may be returned to you.

NAME OF PUPIL		NAME OF PARENTS OR CARERS	
CLASS NAME			
SIBLINGS IN THIS OR OTHER SCHOOLS (NAME, DOB, NAME OF SCHOOL)			
TELEPHONE NUMBER		EMAIL ADDRESS	
DATE(S) / TIME(S) REQUESTED	FROM	TO	
WHY ARE YOU REQUESTING AN EXCEPTIONAL LEAVE OF ABSENCE DURING TERM TIME (PLEASE TURN OVER IF YOU NEED MORE SPACE)			
WHAT STEPS HAVE YOU TAKEN TO MINIMISE THE IMPACT OF THE LEAVE ON YOUR CHILD'S LEARNING			
WHERE WILL YOU BE STAYING DURING THE LEAVE PERIOD? PLEASE PROVIDE FULL ADDRESS AND EMERGENCY CONTACT DETAILS (UK AND ABROAD)			

- I confirm that the information on this form is true
- I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on to due date
- I am aware that if my child does not return to school by the date provided that he/she is at risk of losing their place at this school
- I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Head teacher.

SIGNED BY PARENT/CARER		RELATIONSHIP TO CHILD	
PRINT NAME		DATE	

To be completed by Executive Head Teacher or Head of School

DATE REQUEST RECEIVED		ATTENDANCE % (YEAR TO DATE)	
HAS THE REQUEST BEEN DISCUSSED WITH THE PARENT/CARER	Yes <input type="checkbox"/>	No <input type="checkbox"/>	DATE DISCUSSED
TOTAL NO OF SCHOOL DAYS REQUESTED		NO OF DAYS AUTHORISED	NO OF DAYS UNAUTHORISED
REASON FOR UNAUTHORISED DAYS			
DATE OF DECISION LETTER SENT TO PARENT/CARER			

If unauthorised leave is taken and this case complies with Penalty Notice criteria please forward to MAST along with Pupil/student attendance register.

SIGNED		DATE	
PRINT NAME			