*Please use one form per child.*

|  |  |  |
| --- | --- | --- |
| Name of pupil | Tutor  | Name of parents / carers |
| Address  |
| Names of siblings in this or other schools: | Contact Number  |
| **Dates of exceptional leave request. From To**  |
| Why are you requesting an exceptional leave of absence during term time?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 the full address and emergency contact details (UK and abroad).**UK**:**Abroad**: |
| * I confirm that the information on this form is true.
* I agree to keep the school informed of any changes to travel arrangements or if my child is unable to return on the due date.
* I am aware that if my child fails to return to school on the date provided the school place may be lost.
* I am aware that I may be fined or prosecuted for any time which my child is absent from school that has not been authorised by the Headteacher.
 |
| Signed by parent / carer | Print name and relationship to child | Date |
| **For school use only** | **Date received** |
| Has the request been considered by the Headteacher? Yes / NoHas the request been discussed with the parent / carer? Yes / No Date: Number of days requested  Number of days authorised Number of days unauthorised Date of decision letter sent to parent / carer Headteacher’s signature Date  |