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| **Request for Exceptional Leave During Term Time** |

**To be completed by the Parents/Carers**

***Please complete this form at least twenty school days in advance of any leave***

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| **Pupil(s) name:** **Class:**  | **Name of Parents/Carers:** **Telephone number:** **Email address:**  |
| **Siblings in this or other schools (name/DOB/name of school):**  |
| **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)*** |
| * *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 that my child is absent from school, which has not been authorised by the Headteacher*
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| **Signed (Parent/Carer):** | **Date:** |
| **Print name & relationship to child:** |

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| **FOR SCHOOL USE ONLY** |
| Date request received:  |
| Has the request been considered by the Headteacher?  | **YES** | **NO** |
| Has the request been discussed with the parent/carer?  | **YES****NO** | **Date:**  |
| No. of school days requested:  | Days authorised:  |
| Days unauthorised:  | Date decision letter sent to parents/carers:  |
| **Woodstone Community Primary School** | Date:  | Headteacher’sSignature:  |