|  |
| --- |
| **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***

|  |  |  |  |
| --- | --- | --- | --- |
| **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* | | | |
| **Signed (Parent/Carer):** | | | **Date:** |
| **Print name & relationship to child:** | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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’s  Signature: | | |