## REQUEST FOR LEAVE (IN EXCEPTIONAL CIRCUMSTANCES) DURING TERM TIME

| To: The Headteacher of: (School) Date   |
|---|
| I request consideration of a grant of leave of absence from school during term time for:  |
| My child(ren) (full name)   |
| For the period from (date)  |
| Date of return to school  |
| The exceptional circumstances and reason for this request are: -  |
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| ·   |
|   |
| I have (an)other child(ren) in (an)other school(s) as follows   |
| Child(ren) (full name(s)  |
|   |
|   |
| (Signature of 1 <sup>st</sup> parent/carer(s) Print Name  |
| (Signature of 2 <sup>nd</sup> parent/carer(s)Print Name   |
| Please return completed form to the school office. The school will write to you and inform you of the decision on whether the request is authorised or not. |
| For Office Use Only   |
| Current Attendance%  Last Year's Attendance%  |
| Number of school sessions of leave requested  |
| Number of school sessions leave during term time (this academic year)   |
| Agreed/Not Agreed Request for leave is agreed/is not agreed for the above student to take leave during term time between the above dates.                   |
| Rationale to decline request:   |
| If declined – does request meet published fine criteria YES/NO  |
| SignedHeadteacher Date  |