Request for Exceptional Term Time Leave

Name of Pupil ***Class*** ***Siblings in this or other schools (name, dob, name of school)***	***Name of Parents or Carers*** ***Telephone number*** ***Email***

Dates of exceptional leave request. From to (inclusive)

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 e*mergency 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 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	***Print name & relationship to child***	***Date***

Headteacher's signature	***Date***