Name of Pupil		Name of Pa	rents or Carers				
		T					
Siblings in this or other so	hools (name	Telephone i	number				
dob, name of school)	inooio (name,	Email					

Dates of exceptional leave	roquest From		T				
	request. Fioni		То				
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:			
Abusad							
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 & rel	ationship to	Date				
	child	,					
For school use only		Date request	received / /				
Has the request been considered by the Head teacher? Y/N							
Has the request been discussed with the parent/carer? Y/N Date: No of school days Requested No of days Authorised No of days Unauthorised							
				Date of decision letter sent to parent/carer: If unauthorised leave is taken and this case complies with Penalty Notice criteria please forward			
to MAST along with Pupil/student attendance register.							
Name of school	Head teacher's		Date				