# Apply School Logo

# EXCEPTIONAL CIRCUMSTANCES – PUPIL TERM TIME LEAVE REQUEST (to be completed by parents/carers only)

Pupil’s Name ………………………………… D.O.B ………….. Form ………

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I request permission for the above named pupil(s) to be granted leave during the school term.

Reason for request

…………………………………………………………................................................................

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Dates of absence

From ………………………………… To ………………………. No of school days …………..

Address where we will be staying…………………………………………………………………..

Email address…………………………………………………………………………………………

Phone Number………………………………………………………………………………………..

I/We understand that if leave is agreed:

* if travelling abroad, I / we will supply a copy of the return travel documentation.
* I / we will supply the name and phone number of a contact person whilst abroad.
* if I / we do not return at the agreed time; I / we am / are aware that I / we may be issued with a penalty notice. If I do not pay the fine, the case may be referred to Court which could result in a fine of up to £1000 per child and a criminal record.
* In exceptional circumstances penalty notices may not be issued and cases may be taken straight to Court.

| **Parent/Carer Name**……………………………………………………**DOB**……………………………………………….**Address**…………………………………………..…………………………………………………….**Signature**……………………………………**Date**………………………………………… | **Parent/Carer Name** ………………………………………………**DOB**………………………………………**Address**……………………………………………………………………………………**Signature**…………………………………**Date**…………………………………… |
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Request **agreed / denied**

Signed ……………………………… Head Teacher