



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

Pupil's Name D.O.B Class

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

Reason for request:

.....

Dates of absence: from to no of school days

Address where we will be staying:

Email address:

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 am/we are aware that I/we may be issued with a penalty notice. If I/we 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 | Parent/Carer Name |
| DOB | DOB |
| Address | Address |
| Signature | Signature |
| Date | Date |

Absence will be recorded as **authorised / unauthorised**

For your information your child/children's attendance is currently

Signed Headteacher Date: