



## PUPIL TERM TIME LEAVE REQUEST - EXCEPTIONAL CIRCUMSTANCES

**All sections must be completed (by parents/carers only)**

**WARNING: A penalty notice will be considered for 10 sessions (5 school days) of unauthorised absence within a 10 week rolling period.**

Pupil's Name ..... D.O.B ..... Class .....

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

Reason for request: .....

.....

Dates of absence: from ..... to ..... no of school days .....

Address & contact number where we will be staying\_ .....

.....

*I/We understand that if leave is agreed to travel abroad, I/we will be required to supply a copy of the return travel documentation.*

<b>Parent/Carer Name</b> .....	<b>Parent/Carer Name</b> .....
<b>DOB</b> .....	<b>DOB</b> .....
<b>Address</b> ..... .....	<b>Address</b> ..... .....
<b>Email:</b> .....	<b>Email:</b> .....
<b>Phone No:</b> .....	<b>Phone No:</b> .....
<b>Signature</b> .....	<b>Signature</b> .....
<b>Date</b> .....	<b>Date</b> .....

\* The absence will be authorised .....  
Headteacher