**Signed by Parent/carer** **Print name & relationship to child** **Date**

* I confirm that the information on this form is true
* I agree to keep 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 I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Headteacher

Outline the exceptional circumstances that require your request for leave of absence during term time:

What steps have you taken to minimise the impact of the leave on your child’s learning:

Emergency Contact Details (UK and Abroad ) – name, telephone number & relationship:

UK:

Abroad:

Name and address of parent or carers:

Telephone number:

Mobile number:

Email:

Name:

class:

Year:

Siblings in this or other schools (name, DOB, school attending) :



Requested dates of absence from and to (inclusive):

From: To:

****

***School cannot authorise leave of absence including term-time holidays unless there are exceptional circumstances. 5 or more consecutive days of unauthorised absence will result in the issuing of a fixed penalty notice regardless of the child’s attendance record.***

Has the request been discussed with the parent/carer? Date:

No of school days requested:

Current Attendance figure: %

If during Autumn or Spring term, please record previous year’s figure here %

Is leave of absence authorised? **YES / NO**

Number of days authorised: Number of days unauthorised:

|  |  |  |  |
| --- | --- | --- | --- |
| NO | ***Leave is not authorised as it does not meet school policy for exceptional circumstances*** |  | We are unable to authorise holidays |
|  | We are unable to authorise family visits |
|  | Other reason |
| YES | ***Leave is authorised as the request is for an exceptional circumstance*** |  |  |

Date of decision

**Date:**

**Signature:**

**Head teacher**

**FAO The Attendance Officer (School use only) Date request received:**