



**Request for Exceptional Term Time Leave ( One form per child)**

**Ecclesall Church of England Junior School**

Name of Pupil:  D.O.B Siblings in this or other schools  Name(s)  Dob  Name of School:	Name of parents or Carers  Telephone Number  Email	
Dates of exceptional leave request. From _____ To _____		
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 your leave period? Please provide full address and emergency contact details ( UK and Abroad)		
<ul style="list-style-type: none"> <li>• I confirm that the information is true</li> <li>• I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to the school on the due date</li> <li>• 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</li> <li>• I am aware that I may be fined/or prosecuted for any time which my child is absent from school that has not been authorised by the head teacher</li> </ul>		
Signed by Parent/Carer	Print name and relationship to child	Date
<b>FOR SCHOOL USE ONLY</b> 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:		
<b>If unauthorised leave is taken and this case complies with the Penalty Notice criteria please forward to MAST alongside the Pupil/student attendance register.</b>		
Name of school:	Head teacher's signature	Date