

Request for Leave during Term Time

Date						
I request permission for lea	equest permission for leave in term time from school for my child:					
Full Name)						
From (date)	To (date)	fo	r School days.			
My child will be accompar	ried during the leave by:					
(Parent/carer)	and	d (Parent/carer)				
The exceptional circumsta	nces and reason for this reque	est are: -				
(If necessary, plea	se continue on a separate sł	heet and attach it to	this form)			
If you have another child.	necessary, please continue on a separate sheet and attach it to this form) ave another child/children in another school, please provide details below:					
Full Name of Child/Child	lren:					
School:						
Name of Ist Parent/Carer	•	. Signed:				
		•				
Current Address:						
Mobile No:						
Name of 2 nd Parent/Care	er	Signed:				
Current Address						
Mobile No:						



Please return the completed form to the school office. The school will write to you and inform you of the decision on whether your request is authorised or not. Please do not confirm any holiday booking until you have confirmation of permission for the leave in term time from the Headteacher.

For Office Use Only	
Date request for leave in term time received by school	l
Current Attendance	Last Year's Attendance%
Number of school sessions previously taken as leave in	. term time
Re: Siblings: other schools confirmed?	
What action are other schools taking?	
Leave in term time Agreed/Not Agreed	
Request for leave is agreed/is not agreed for the above	ve pupil to take leave during term time between the above dates.
Signed	Job Title
Print Name	Date
Notification of decision: Date letter sent to parent	
Any notes:	