

Surname of child

Headteacher's signature

## Children and Young People's Department

## **Application for Leave During Term Time**

Parents/Carers must ask permission for their child to be absent during term time, and it is at the Headteacher's discretion to decide whether or not the absence will be authorised. The Headteacher may authorise leave during term time for *exceptional circumstances only*. If leave is taken without permission, or no application is made, parents/carers risk being issued with an Education Penalty Notice.

Parents/Carers wishing to apply for their child to have leave of absence from school should complete this form and return it to school for authorisation at least two weeks before the proposed leave.

PARENT'S/CARER'S SECTION

First name

Date of birth		,	Year		Cla	ass		
Full name of parent (1)								
Address of parent (1)								
Postcode		Telephone				e No.		
Full name of parent (2)		Telephone				e No.		
Address of parent (2)								
Do you consider this request to be due to exceptional circumstances? If so, please outline the reasons why								
First Date of Absence								
Return Date to School								
Would your child miss a	ional tests or examinations?				Yes / No			
Has she/he had leave during term-time in the last 12 months? (If so, please give dates, reasons, and number of school days leave)						Yes / No		
Are there any other sibli school they attend	ngs? If	If yes please state their name and the				Yes / No		
Parent/Carer signature						Date		
SCHOOL SECTION								
Holiday in Term Time (i) ap		proved school days				(ii) <b>not approved</b> school days		
Reasons								
Date discussed with parent/ carer and/or date informed of approval/ non-approval								

Date



