

resource y			_	
Name of Pupil:	-		Name o	f Parents/Carer 1:
	(name, do	b, name of school)	_	
			Parent/	Carer 1 D.O.B.:
Current address:			Name o	f Parent/Carer 2:
			Parent/	Carer 2 D.O.B.:
Dates of	From		То	
leave:				
Notifications for leave during term time should be authorised by the headteacher if the reason is considered to be				
an exceptional circumstance.				
Reason for leave:				
Do you consider there to be exceptional circumstances (please indicate)?				
Voc				
Yes (If yes, please attach additional information/evidence to support your circumstances)				
Where will you be staying during the leave period? (Please provide the full address and Emergency Contact Details - UK &				
Abroad)				
UK:				
Abroad:				
Is everyone who had parental responsibility for your child aware of this absence? (please indicate)				
Yes No No				
If no, why not?				
I confirm that the info	rmation on	this form is true		
• I agree to keep the 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 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				
• 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.				
Signed by parent/carer:		Print name & relationship to ch	nild:	Date:
For school use only		Date request received /	/	
Has the notification been considered	by the hea	dteacher? Y/N		
Has the notification been discussed with the parent/carer? Y/N Date:				
No of days Authorised Attendance Code No of days Unauthorised Attendance Code				
Date of decision letter sent to parent/carer (only if leave is to be granted):				
If unauthorised leave is taken and this case complies with Penalty Notice criteria, please forward to Attendance				
Legal Team (Education & Skills) along	-		••	
Name of school:		Headteacher's signature:		Date:
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