EXCEPTIONAL CIRCUMSTANCE REQUEST FOR ABSENCE DURING TERM TIME



APPLICATION BY PARENT/CARER

If you wish to take your child out of school in term time and think that you have exceptional circumstances, please complete this form and return to the School Office at least 14 days before the date you wish to remove your child from school.

Pupi	l's Name:	Class:	
Addr	ress:		
Pare	ent/Carer Name (s)		
First	day of absence:	Date of return to school:	
Tota	I number of days missed:		
Reas	son for absence and why this requ	est is exceptional:	
Siblir	ngs and school attended:		
Wou	ıld your child miss any national test	ts? Yes / No	
abse take of ea	ence request is unauthorised the n and a Penalty Notice may be is	do not have an automatic right to leave of absence. If the Education Welfare Services will be notified of the absence ssued. I understand that a Penalty is issued to the parent/carer d that this fine is £60 which is increased to £120 if not paid	
Sign		Dated:	
		EQUEST FOR ABSENCE DURING TERM TIME	
	AUTHORISED: Your request has been authorised for the following dates:		
	/	_/ to/	
	UNAUTHORISED: Your reques authorised.	UNAUTHORISED: Your request for a leave of absence during term time has not been authorised.	
Sign	ed:	Date:	