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.

Pupil	's Name:		_Class:
Addr	ess:		
Pare	nt/Carer Name (s)		
First	day of absence:	Date of return to school: _	
Total	number of days missed:		
Reas	son for absence:		
	lerstand that parents or carers do	not have an automatic right to	
Servi that a that t	nce request is unauthorised and ices will be notified of the absence a Penalty is issued to the parent/of this fine is £60 which is increased	e taken and a Penalty Notice nearer of each child taken out of lito £120 if not paid within the	nay be issued. I understand i school and first 28 days.
Signe (Plea	ed: ise ensure you give at least 14 da	Dated: ys' notice of the proposed abs	ence)
OR OF	FFICE USE ONLY		
	RESPONSE TO THE RE	QUEST FOR ABSENCE DUP	RING TERM TIME
	AUTHORISED: Your request has been authorised for the following dates:		
	/	′ to//	
	UNAUTHORISED: Your request for a leave of absence during term time has not been authorised.		
Signe		Date:	