APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES

Child's Name……..…….. Date of Birth……

Year Group…… Class Teacher……..…….……

Name of both parents: Mr…….……

Mrs/Ms/Miss……..…….

Address……...

……..

I/We have sole custody of the child(ren) named above: Yes/No* Delete as applicable

Child's Siblings:

Sibling 1…… School Attended……..……..

Sibling 2…… School Attended……...……

Sibling 3…… School Attended……

I/We wish to apply for our child to be absent from school for EXCEPTIONAL CIRCUMSTANCES.

Dates: From…….. To.....

Total number of days requested……

Please supply, in as much detail as possible, the reason for your request and why you feel it is exceptional circumstances:

Signed (both parents if applicable) **Date……**

…… ……

Holiday absences which have not be agreed will be recorded as an unauthorised absence and may be referred to the Local Authority for consideration of a Penalty Notice resulting in a fine.

THIS FORM SHOULD BE SUBMITTED TO MRS HART BEFORE THE HOLIDAY IS BOOKED OR AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.