



EXCEPTIONAL CIRCUMSTANCES – PUPIL TERM TIME LEAVE REQUEST
(to be completed by parents/carers only)

Pupil's Name D.O.B Form

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I request permission for the above named pupil(s) to be granted leave during the school term.

Reason for request

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.....

Dates of absence

From To No of school days

Address where we will be staying

Email address

Phone Number

I/We understand that if leave is agreed:

- if travelling abroad, I / we will supply a copy of the return travel documentation.
- I / we will supply the name and phone number of a contact person whilst abroad.
- if I / we do not return at the agreed time; I / we am / are aware that I / we may be issued with a penalty notice. If I do not pay the fine, the case may be referred to Court which could result in a fine of up to £1000 per child and a criminal record.
- In exceptional circumstances penalty notices may not be issued and cases may be taken straight to Court.

Parent/Carer Name DOB Address Signature Date	Parent/Carer Name DOB Address Signature Date
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Request **agreed / denied**

Signed Head Teacher