Application for leave of absence for Exceptional Circumstances



Term time leave can only be granted at the discretion of the Headteacher for **EXCEPTIONAL AND DOCUMENTED CIRCUMSTANCES**

Full Name:					Class	Class:		
Full Name:					Class:			
Full Name:					Class:			
Parent and Contact Details								
	Pa		Parent/carer (1)		Parent/carer (2)			
Name								
Address								
Phone Number								
Relationship to pupil								
Absence Details								
First day of absence		Date of return to school		No. of da	iys			
Reason for requesting exceptional leave:								
Supporting evidence provided		Yes □		No □				
Travel documents provided		Yes □		No □				
Address where pupil(s) will be staying during absence								
Contact details of person responsible for pupil's care		Full Name						
		Relationship to Pupil(s)						
during absence		Contact number						
Safeguarding								
If your child(ren) will be absent for more than 1 week, weekly contact during the absence is required for any leave to be considered. The attendance officer must be able to see or speak to the child(ren) and the adult responsible for their care. No □ No □								
Preferred date for		Preferred time for		or				
contact			contact					
 Please note: Absence taken which has not been authorised could be liable for a fixed penalty fine by the local authority Extended absences without permission may put your child's place at this school at risk. 								
Parent/Carer Signature Date submitted to school								

Pupil Details

FOR SCHOOL USE ONLY Current percentage attendance						
Current percentage attenuance						
Have return travel tickets been booked and seen by school?	Yes □	Yes □ No □				
Number of days of exceptional leave taken in this or previous academic year(s)						
Number of days of unauthorised absence in this or previous academic year(s)						
Does leave coincide with any significant academic or exam period?	Yes □ No]			
Is leave being requested immediately before or after a school holiday?	Yes □ No]			
Mitigating circumstances (including any ongoing issues)						
Aggravating circumstances (including any ongoing issues)						
Is absence authorised?	Yes □	Yes □ No □				
If authorised, what period of absence has been authorised (dates)?	/ / to / /					
	Parent agrees to weekly contact on the following day each week:					
	Monday					
If authorised, what contact schedule has been requested?	Tuesday					
Parent must agree to a minimum of weekly contact for leave to be considered. This is a standard safeguarding requirement. The staff	Wednesday					
member assigned to make contact must be able to see or speak to both the child/ren and the adult responsible for their care	Thursday					
	Friday					
	Contact will be made at:	: am	n/pm			
	G – unauthorised holiday					
	H – authorised holiday					
Register code to be used for this absence	C – authorised absence					
	O – unauthorised absence					
	M – medical					
	R – religious					
Signature of Headteacher						

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Date	