**EXCEPTIONAL CIRCUMSTANCES -** LEAVE IN TERM TIME REQUEST

Pupil’s Name ………………………………… D.O.B ………….. Class ………

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**Reason for request:**

**Dates of Absence:**

From ………………………………… To ………………………. No of school days …………..

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, and could be fined £60 or £120 depending on how soon payment is made. If I do not pay the fine, I/we could then be required to attend Court; this could result in a fine of up to £1000 per child and having a criminal record.
* I/we will supply any documentation relating to medical appointments.
* After four weeks of absence my/our child/ren may be removed from the school register and I/we will then be responsible for finding a new school on my / our return.

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| **Parent/Carer Name**  ……………………………………………………  **DOB**……………………………………………….  **Address**…………………………………………..  …………………………………………………….  **Signature**……………………………………  **Date**………………………………………… | **Parent/Carer Name**  ………………………………………………  **DOB**………………………………………  **Address**……………………………………  ………………………………………………  **Signature**…………………………………  **Date**…………………………………… |

Request **agreed / denied**

Signed ………………………………… Head Teacher Date……………………………...

Please email form to contact-us@annaseward.atlp.org.uk you will then receive a message confirming if your leave in term time has been accepted or denied.