**Request for Exceptional Term Time Leave**

**Hunters Bar Junior School**

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| ***Name of Pupil*** ***Siblings in this or other schools (name, dob, name of school)*** | ***Name of Parents or Carers*** ***Telephone number******Email***  |
| ***Dates of exceptional leave request. From To***  |
| **Why are you requesting an exceptional leave of absence during term time?****What steps have you taken to minimise the impact of the leave on your child’s learning?** **Where will you be staying during the leave period? Please provide the full address and *Emergency Contact Details (UK and Abroad)******UK:*** ***Abroad:***  |
| * *I confirm that the information on this form is true*
* *I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on to due date*
* *I am aware that if my child does not return to school by the date provided that he/she is at risk of losing their place at this school*
* *I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Head teacher.*
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| ***Signed by parent/carer*** | ***Print name & relationship to child*** | ***Date*** |
| **For school use only** | **Date request received / /**  |
| ***Has the request been considered by the Head teacher? Y/N******Has the request been discussed with the parent/carer? Y/N Date: …………….******No of school days Requested …..... No of days Authorised ……… No of days Unauthorised ………….******Date of decision letter sent to parent/carer :*** |
|  ***If unauthorised leave is taken and this case complies with Penalty Notice criteria please forward to MAST along with Pupil/student attendance register.*** |
| ***Name of school*** | ***Head teacher’s signature*** | ***Date*** |