

REQUEST FOR LEAVE DURING TERM TIME

To the Headteacher of: Wrekin View Primary School	Date:
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I request consideration of a grant of leave of absence from school during term time for

My Child: <i>(full name)</i>	
Date of Birth:	
Class/Teacher:	
Address including postcode:	
Contact Number 1:	Contact Number 2:
For the period	
From:	To:
Total Number of Days:	

My child will be accompanied during the leave by:

Parent/Carer: Parent/Carer:
(Print Name) *(Print Name)*

The **exceptional circumstances** and reason for this request are:

(Please continue onto the next page if required)

Additional information if required.

I have (an)other child(ren) in (an) other school(s) as follows:

Child full name:	School:
Child full name:	School:
Child full name:	School:

.....

Name of 1 st Parent/Carer:		Signature of 1 st Parent/Carer:	
Address including postcode:			
Contact Number 1:		Contact Number 2:	

Name of 2 nd Parent/Carer:		Signature of 2 nd Parent/Carer:	
Address including postcode:			
Contact Number 1:		Contact Number 2:	

Please return the completed form to the school office. The school will write to you and inform you of the decision on whether your request is authorised or not. Please do not confirm any holiday booking until you have confirmation of permission for the leave in term time from the Headteacher.

For office use only

Date request for leave in term time was received by Wrekin View Primary School:	
Current Attendance:	%
Last Year's Attendance:	%

Number of school sessions previously taken as leave in term time:	
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Re: **Siblings:** other schools confirmed? *Yes/No **please delete as relevant*

What actions are other schools taking?

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Leave in term time: Agreed: Not Agreed:

Request for leave has not been agreed because:

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Signed:

Print Name: **Headteacher**

Date:

Notification letter sent to the Parent/Carer: