**APPLICATION FOR LEAVE OF ABSENCE IN EXCEPTIONAL CIRCUMSTANCES DURING TERM TIME**

This form should be completed by the parent/carer and returned to school as far in advance as possible and preferably at least **6 weeks** before the first date of the period of leave being requested. Parents/carers must obtain the school’s permission **before making any arrangements** for leave in exceptional circumstances, otherwise the absence will be recorded as unauthorised.

Headteachers no longer have the discretion to authorise leave of absence unless there are **exceptional circumstances.**

|  |  |
| --- | --- |
| Name of Child: |  |
| Form |  |
| Address: |  |
|  |
|  |
| Phone: |  |
| Siblings (if different school): |  |
| Siblings school: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I request permission for my child to be absent from school from: | | |  | |
| To: |  | Total number of school days: | |  |

Exceptional circumstances to be considered:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Signature of parent/carer: |  |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Seen by Headteacher (signed): |  | | |
| Date: |  | | |
| Decision reached: |  | | |
| Date reply sent: |  | Actioned by: |  |