

Name of Pupil		Name of Parents or Carers	
Siblings in this or other schools (name, dob, name of school)		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:			
<ul style="list-style-type: none"> • 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. 			
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 PARKWOOD ACADEMY		Head teacher's signature	Date

Request for Exceptional Term Time Leave (one form per child)
Name of School: PARKWOOD E-ACT ACADEMY

