Notification of Term Time Leave (one form per family)

Before completing this form please ensure you have understood school policy for term time leave

Name of Pupil Fo	orm:	Name of parent/carer 1: (please ensure school has correct details of all parents/carers)	
	I	D.O.B. parent/carer	1:
Siblings in this or other schools (name, D.O.B., name of school)		Name of parent/carer 2:	
Current address:		D.O.B. parent/carer	· 2:
Date of leave From:		То:	
Notifications for leave during term time should be authorised by the head teacher if the reason is considered to be an exceptional circumstance.			
Reason for leave:			
Do you consider there to be exceptional circumstances (please indicate)?			
Yes: (please attach additional information/evidence to support your circumstances) No:			
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 the 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 & rela	ationship to child	Date
For school use only		Date request receiv	ed
Has the notification been considered by the head teacher? Yes / No Has the notification been discussed with the parent/carer? Yes / No Date:			
Number of days requested: Number of days authorised: Number of days unauthorised: Date decision letter sent to parent/carer:			
If unauthorised leave is taken and this case complies with Penalty Notice criteria, please forward to CILS along with Pupil/student attendance register.			
Name of school	Head teacher's si	ignature	Date