



**APPLICATION BY PARENT/S FOR A CHILD'S LEAVE OF ABSENCE FROM SCHOOL
FOR EXCEPTIONAL CIRCUMSTANCES.**

PLEASE NOTE – The **Education (Pupil Registration) (England) (Amendment) Regulations 2013** state that Headteachers should not grant approval for any leave of absence during term time, including holidays, unless there are exceptional circumstances.

Name of Child(ren) **Year Group**

..... **Year Group**

..... **Year Group**

Child's address

Name of parent (s) and address (if different)

Address

I/We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES.

Dates: From..... **To**.....

Total number of days our child(ren) would be absent form school

Please supply **in as much detail as possible** the reason for your request and why you feel it is **exceptional circumstances**. Please include the names of the adult (s) who will be with your child(ren) during their absence form school.

Continue over the page if necessary

Names of siblings at any other schools:

Name of school/s:

Signed (both parents if applicable) **Date**

.....

THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE. ALL REQUESTS SHOULD BE SUBMITTED BEFORE ANY BOOKINGS ARE MADE.