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Name of Pupils at this school:		Name of Parent/Carer 1: D.O.B:	
Sibling in other schools: (name, dob, name of school)		Name of Parent/Carer 2: D.O.B:	
Current address:		Address of parent 2 if different to that on the left: (please ensure school have correct details for all parents/carers)	
Dates of leave: From		To	
ARE YOU REQUESTING EXCEPTIONAL TERM TIME LEAVE?			
Exceptional leave during term time: yes/no (if yes please attach additional information/evidence to support your circumstances)			
Where will you be staying/visiting during the leave period? If staying with friends/relatives, please provide the full address and Emergency Contact Details (UK and Abroad). If taking a holiday, please provide the region and country of travel.			
UK:			
Abroad:			
- I confirm that the information on this form is accurate and 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, he/she is at risk of losing their place at this school I am aware that I will receive a Fixed Penalty Notice and/or prosecuted for any time which my child is absent from school that has not been authorised by the headteacher.			
Signed by parent/carers:		Print name & relationship to child:	Date:
For school use only		Date request received / /	
Has the notification been considered by the headteacher? Y/N Has the notification been discussed with the parent/carers? Y/N Date:			
No of days Authorised No of days Unauthorised			
Date of decision letter sent to parent/carers (only if leave is to be granted):			
If unauthorised term time leave is the Head Teacher is required to request a Fixed Penalty Notice for each resident parent, and for each child within the household.			
Name of school:		Headteacher's signature:	Date:

