Attendance Policy



Application for Leave During Term Time

PARENT'S/CARER'S SECTION						
Surname of child	25	First r		name		
Date of birth	9	Year	Clas	s		
Full name of parent (1)						
Address of parent (1)	0					
Postcode Telephon				e No.		
Full name of parent (2)	3	Telephon			e No.	1
Address of parent (2)	(3)					
Do you consider this request to be due to exceptional circumstances? If so, please outline the reasons why						
Departure and return date	te					,
Would your child miss any national tests or examinations?					Yes / No	,
Has she/he had leave during term-time in the last 12 months? (If so, please give dates, reasons, and number of school days leave)					Yes / No	
Are there any other siblings? If yes please state their name and the school they attend					Yes / No	
Parent/Carer signature	9	Date				
SCHOOL SECTION						
Holiday in Term Time	(i) approved	school	days	(ii) no	ot approved	school days
Reasons						
Date discussed with parent/ carer and/or date informed of approval/ non-approval			¥	114		
Headteacher's signature			Dat	te		