




Bishop Monkton C of E Primary School

Request for Exceptional Term Time Leave

Name of Pupil		Name of Parent / Carer			
Name of siblings in this / other school (inc d.o.b & school)		Telephone Number			
		Email Address			
Date of exception 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					
No of School Days Requested					
<ul style="list-style-type: none">• I confirm the information on this form is true.• 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 Headteacher					
Signature or Parent / Carer		Print Name and Relationship to child			Date
FOR SCHOOL USE ONLY		Date request received:			
Has the request been considered by the Headteacher?				Y / N	
Has the request been discussed with the parent/ carer?				Y / N	
No of School Days Requested		No of Days Authorised		No 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 ESWO along with a copy of the pupil / student attendance register.					
 Bishop Monkton C of E Primary School		Headteacher's Signature:			Date