

Request for Leave during Term Time

To: The Head Teacher of Our Lady of Mount Carmel Catholic First School Academy

I request consideration of a grant of leave of absence from school during term time for my child –

Full name: Class: D.O.B:

First day of leave (date):to Last day of leave (date):

Number of school days absent:

The **exceptional** circumstances and reason for this request are:

.....
.....

I have (an)other child(ren) in (an)other school(s) as follows:

Child(ren) full name(s).....

School(s) attended:

Signature of 1st Parent/Carer(s).....Print Name.....

Signature of 2nd Parent/Carer(s) Print Name.....

Contact telephone number..... Date.....

Please return completed form to the school office. The school will write to you and text you to inform you of the decision on whether the request is authorised or not.

For Office Use Only

Current Attendance.....%

Last Year's Attendance.....%

Number of school sessions taken as leave during term time (this Academic Year)

Agreed/Not Agreed

Request for leave is agreed/is not agreed for the above student to take leave during term time between the above dates.

Signed: Date:

Notification of decision: Date letter sent to parent:

