

## Request for Exceptional Term Time Leave (One form per family)

Name of School: Ecclesfield Primary

Name of Pupil	Class
Name of Sibling	Class
Name of Sibling	Class
Name of Parent/Carer 1 taking child/ren out of school	
Name of Parent/Carer 2 taking child/ren out of school	
Date of Exceptional Leave Request Commencement	Date child(ren) returns to school
Number of school days missed	
Please state your reasons for requesting an exceptional leave of absence during term time. Please provide supporting documentation if appropriate.	
Please provide the full address and emergency contact details of where you will be staying during the period of absence requested as an emergency contact.	
Signed by Parent/Carer 1	Signed by Parent /Carer 2
Date of submitting form to school	
For school office use only	
Has the request been considered by the headteacher? <input type="checkbox"/> YES <input type="checkbox"/> NO	Child's current attendance (last year if absence applied for is in September 2024)
Absence Authorised? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of Days requested
Penalty Fine? <input type="checkbox"/> YES <input type="checkbox"/> NO	From Aug 2024 onwards <input type="checkbox"/> First absence Request <input type="checkbox"/> Second absence Request <input type="checkbox"/> Third Absence Request
Headteacher signature	Date