**Coit and Ecclesfield Primary**

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

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| **Name of Pupil** | **Year Group** |
| **Name of Sibling** | **Year Group** |
| **Name of Sibling** | **Year Group** |
| **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 as 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** |
| **Has the request been considered by the headteacher**  **YES**  **NO** | **Child’s current attendance (last year if absence applied for in September 2024)** |
| **Absence Authorised YES NO** | |
| **Number of Days requested**  **Penalty fine**  **Yes**  **No** | **From Aug 2024 onwards**  First absence Request  Second absence Request  Third Absence Request |
| **HT signature** | **Date** |