**APPLICATION BY PARENT FOR CHILD’S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES.**

PLEASE NOTE – The **Education (Pupil Registration) (England) (Amendment) Regulations 2013** state that Headteacher’s should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

**To the Headteacher**

Name of Child(ren)…………………………………………………………. Year Group(s) ………………..

 Name of Parents/Carers  **1** (Mr/Ms/Mrs/Miss) ………………..……………………………………

 **2** (Mr/Ms/Mrs/Miss) ………………………………………………………

Address ………………………………………………………………………………………………………………….

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**I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES on the following dates.**

From…………………………………………………….. To…………………………………………………….

Total number of days requested ……………..

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| --- |
| Please supply in as much detail as possible the reason for your request & why you feel it is special or exceptional circumstances: |

Signed (both parents/carers if applicable) Date …………………………………………………

**……………………………………………………………… ……………………………………………………………….**

**THIS FORM SHOULD BE SUBMITTED TO THE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE.**

Request approved/Request denied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Headteacher