

Office use only:

- ☐ Letter prepared & signed
- ☐ Letter photocopied & filed
- ☐ Marks added to register
- ☐ Teacher and office staff informed
- ☐ Add to Sims Linked Document

Samuel Allsopp Primary and Nursery School

Request for leave during term time

To: The Head Teacher

Date: _____

I request consideration of a grant of leave of absence from school during term time for:

| Child's Full Name | Class | Mum Address | Dad Address (if different) |
|-------------------|-------|-------------|----------------------------|
| | | | |
| | | | |
| | | | |

| For the period | From: | To: |
|---|-------|-----|
| The exceptional circumstances and reason for this request are: | | |
| | | |

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

| Child's Full Name | School Attending |
|-------------------|------------------|
| | |
| | |
| | |

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

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

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

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| Current Attendance % | Last Year's Attendance % |
|---|--------------------------|
| | |
| Number of school sessions taken as leave during term time (<i>this academic year</i>) | |
| | |

| 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. |
| Reason to accept/decline <small>(please delete)</small> request: |
| |

| Signed Headteacher: | Date: |
|---------------------|-------|
| | |

Notification of decision: Date letter sent to parent/carers.....