



Becton School

Request for Exceptional Term Time Leave

Name of Pupil:

Name of Parents or Carers

Telephone number:

Email:

Dates of exceptional leave request.

From

To

Why are you requesting an exceptional leave of absence during term time?

What steps have you taken to minimise the impact of the leave on your child's learning?

Where will you be staying during the leave period? Please provide the full address and Emergency Contact Details (UK and Abroad)

UK:

Abroad:

- I confirm that the information on this form is true
- I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on to due date
- I am aware that if my child does not return to school by the date provided that he/she is at risk of losing their place at this school
- I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Head teacher.

Signed by parent/carer

Print name & relationship to child

Date



Becton School

Request for Exceptional Term Time Leave

For school use only :

Date request received: _____

Has the request been considered by the Head teacher? Y/N

Has the request been discussed with the parent/carer? Y/N

No of school days Requested

No of days Authorised

No of days Unauthorised

Date of decision letter sent to parent/carer : _____

If unauthorised leave is taken and this case complies with Penalty Notice criteria please forward to MAST along with Pupil/student attendance register.

Name of school:

Becton School

Head teacher's signature: _____

Date: _____