# EXCEPTIONAL CIRCUMSTANCES – PUPIL TERM TIME LEAVE REQUEST (to be completed by parents/carers only)

Pupil’s Name ………………………………… D.O.B ………….. Form …………..

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I request permission for the above-named pupil(s) to be granted leave during the school term.

Reason for request

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Dates of absence

From ………………………………… To ………………………. No of school days …………..

Address where we will be staying…………………………………………………………………..

…………………………………………………………………..

Email address……………………………………. Phone Number…………………………………

I/We understand that if leave is taken:

* if travelling abroad, I / we will inform school of the location of the child/children for the duration of the absence.
* I / we will supply the name and phone number of a contact person whilst abroad.
* if I / we do not return at the agreed time; I / we am / are aware that I / we must contact school for each further day of absence.
* Without the headteacher’s agreement, this will be recorded as unauthorised absence and will be considered in accordance with school policy and Birmingham Local Authority guidelines (FAST:track to attendance)

| **Parent/Carer Name**  ……………………………………………………  **DOB**……………………………………………….  **Address**…………………………………………..  …………………………………………………….  **Signature**……………………………………  **Date**………………………………………… | **Parent/Carer Name**  ………………………………………………  **DOB**………………………………………  **Address**……………………………………  ………………………………………………  **Signature**…………………………………  **Date**…………………………………… |
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Please return this form to the **school office** or email to **attendance@cofton.bham.sch.uk**

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Request **agreed / denied**

Signed ……………………………… Head Teacher Date …………………………………..