**Exceptional Leave Request Form**

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| Child/rens’ names and Class | First date of absence |
| Last date of absence |
| Total number of school days |

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| **Reason for Exceptional Leave Request**  (Please indicate the reason why this leave needs to be taken in term time)  Please tick if your child has sibling(s) at another school or schools  Name of School(s)……………………………………………………………………………………………………………..  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Academy Use Only**

Our records show that to date your child has been absent …………..days during the current  
academic year giving them an attendance of ………………%. Last year their attendance was………………….%

This request does/doesn’t meet Bradgate Educational Partnership’s criteria for Exceptional Leave. Taking this into account along with:

* Your request for Exceptional Leave is granted and your child’s absence will be authorised.
* Your request for Exceptional Leave is not granted. If your child is absent on this occasion their absence will be unauthorised.
* Your request for Exceptional Leave is not granted. If your child is absent on this occasion their absence will be referred to the Leicestershire County Council for a Fixed Penalty Notice in relation to an unauthorised family holiday during term time.

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| **School Comment**    Code Signed |