



# St. Peter's Church of England Primary School

## EXCEPTIONAL CIRCUMSTANCES – PUPIL LEAVE OF ABSENCE 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

.....  
.....

### 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 agreed:

- if travelling abroad, I / we will supply a copy of the return travel documentation.
- I / we will supply the name and phone number of a contact person whilst abroad.
- if I / we take leave without authorisation I / we am / are aware that I / we may be issued with a penalty notice. If I do not pay the fine, the case may be referred to Court which could result in a fine of up to £1000 per child and a criminal record.
- In exceptional circumstances, or for repeat offences, penalty notices may not be issued, and cases may be referred straight to Court.

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <b>Parent/Carer Name</b><br>..... | <b>Parent/Carer Name</b><br>..... |
| <b>DOB</b> .....                  | <b>DOB</b> .....                  |
| <b>Address</b> .....<br>.....     | <b>Address</b> .....<br>.....     |
| <b>Signature</b> .....            | <b>Signature</b> .....            |
| <b>Date</b> .....                 | <b>Date</b> .....                 |

Request **agreed / denied**

Signed ..... Head Teacher