**St. Peter’s C.E.**

**Primary School and Nursery**

Stackyard Lane,

Edgmond, Newport,

Shropshire, TF10 8JQ

**Headteacher:** Claire Medhurst

**T +44 (0)1952 811692
E office@stpetersedgmond.co.uk**

**Request for Leave during Term Time**

Date………………………………………….

To: The Headteacher of St Peter’s CE Primary School

I request permission for leave in term time from school for my child: (full name)

……………………………………………………………………………...............................

from (date)  ..…………………............... to (date) …………………................. for ……………….. school days.

My child/ren will be accompanied during the leave by (parent/carer):

………………………………………………………………………………………………………………………………………………………………………..

The **exceptional circumstances** and reason for this request are: -

|  |
| --- |
| *(if necessary, please continue on a separate sheet and attach it to this form)* |

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

Child(ren) (full name(s)……………………………………………….. School(s) attended .………………………….................

……………………………………………………………………………………. …………………….....................................................

......................................................................................... ............................................................................

Name of 1st Parent/Carer(s) ………………………………… Signed...............................................

Address…………………………………………………………………………………………………………………………………………………………….

Mobile no. …………………………………………………………………

Name of 2nd Parent/Carer(s) ………………………………… Signed...............................................

Address…………………………………………………………………………………………………………………………………………………………….

Mobile no. …………………………………………………………………

**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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**For Office Use Only**

Date request for leave in term time received by school ………………………………………………………………

Current Attendance………………% Last Year’s Attendance……………………..…%

Number of school sessions taken as leave in term time …………………………....(this Academic Year)

Re: **Siblings:** other schools confirmed? ................................................................. Date: ...............................

What action are other schools taking? ..............................................................................................................
...........................................................................................................................................................................

**Leave in term time 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.

Signed ……………………………………………………………………………. Date ………………………………

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

**Notes**