## Request for consideration of Exceptional Leave from St Leonard's C. E. School

Please note a minimum of 3 weeks' notice is expected for exceptional circumstances (except in event of a death in the family). This is the minimum amount of time required to get authority from the head teachers and consult with governors.

| I wish my child,                  | /children                   |                         |                     |                            |      |  |  |  |  |  |
|-----------------------------------|-----------------------------|-------------------------|---------------------|----------------------------|------|--|--|--|--|--|
|                                   | rom school from             |                         |                     |                            |      |  |  |  |  |  |
| A total of                        | school days.                |                         |                     |                            |      |  |  |  |  |  |
| Current class(es)/ year group(s)/ |                             |                         |                     |                            |      |  |  |  |  |  |
| I believe this is                 | exceptional circumstances   | i. The reason(s) for th | is request are;     |                            |      |  |  |  |  |  |
|                                   |                             |                         |                     |                            |      |  |  |  |  |  |
| I understand th                   | nat I may need to provide p | proof of these excepti  | onal circumstances, | before this absence is agr | eed. |  |  |  |  |  |
|                                   |                             |                         | ,                   |                            |      |  |  |  |  |  |
|                                   |                             |                         |                     |                            |      |  |  |  |  |  |
|                                   |                             |                         | doto                |                            |      |  |  |  |  |  |
| Contact numbe                     | er                          |                         | date                |                            |      |  |  |  |  |  |
|                                   |                             |                         |                     |                            |      |  |  |  |  |  |
|                                   |                             |                         |                     |                            |      |  |  |  |  |  |
| FOR OFFICE US                     | SE ONLY                     |                         |                     |                            |      |  |  |  |  |  |
| Meeting with p                    | parents/ carers/guardian    | date                    | _                   |                            |      |  |  |  |  |  |
| Declined /App                     | roved by Head Teacher       |                         |                     | date                       |      |  |  |  |  |  |
| Declined/Appr                     | oved by Governors           |                         |                     | date                       |      |  |  |  |  |  |
| Parents advise                    | d telephone/ letter dat     | e                       |                     |                            |      |  |  |  |  |  |
| Register marke                    | ed accordingly              |                         | date                |                            |      |  |  |  |  |  |