

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



I wish my child/children _____

to take leave from school from _____ until _____

A total of _____ school days.

Current year group(s)/class(es) _____ / _____

I believe this is exceptional circumstances. The reason(s) for this request are;

I understand that holidays cannot be authorised under any circumstances. Prior instances of exceptional leave and current attendance will be considered when making a decision.

I understand that I may need to provide proof of these exceptional circumstances, before this absence is agreed.

Signed _____ Name _____

Contact number _____ date _____

FOR OFFICE USE ONLY

Declined /Approved by Head Teacher _____ date _____

Meeting arranged with _____ on date _____

Parents advised telephone/ letter / text date _____

Register marked accordingly _____ date _____