



Mundella Primary School

Notification of Term Time Leave (one per family)

Before completing this form please ensure you have understood the school policy for term time leave

| | | |
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| Name of Pupil/s DOB/s Class/es Siblings in this or other schools (name, dob, name of school) | Name of Parents/Carers (please ensure school have correct details for all parents/carers) Current address: | |
| Dates of requested leave: First day off | | Last Day off |
| <p>Notifications for leave during term time may be authorised by the Head Teacher if the reason is considered to be an exceptional circumstance.</p> <p>Reason for leave:</p> <p>Do you consider there to be exceptional circumstances? Yes / No</p> <p>If Yes please state why and/or attach additional information/evidence to support your circumstances.</p> <p>Where will you be staying during the leave period? Please provide the full address and Emergency Contact Details: UK or Abroad:</p> | | |
| <ul style="list-style-type: none"> • I confirm that the information on this form is true. • I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on the due date. • I am aware that if my child does not return to school by the date provided that he/she is at risk of losing their place at this school. • I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not be authorised by the Head Teacher. | | |
| Signed by Parent/Carer | Print name & relationship to child | Date |

For school use only

| | | |
|--------------|-----------------------------|----------------------------|
| Attendance % | No of Unauthorised Absences | Total No of Days Requested |
|--------------|-----------------------------|----------------------------|

| | |
|---|--|
| Date request received | |
| Has the notification been considered by the Head Teacher? Yes / No | |
| Has the notification been discussed with the parent/carer? Yes / No | |
| If Yes on what date _____ | |
| No of days Authorised _____ No of days Unauthorised _____ | |
| Date of decision letter sent to Parent/Carer (only if leave is to be granted) _____ | |

| | |
|--------------------------|------|
| Head Teacher's Signature | Date |
|--------------------------|------|

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|---|------------------------------------|------|
| If unauthorised leave is taken and this case complies with Penalty Notice criteria please forward to CILS along with Pupil/Student attendance register. | | |
| Name of School | Print name & relationship to child | Date |