Exceptional Leave Request Form

Child/rens' names and Tutor Group/s/Class	First date of absence		
	Last date of absence		
	Total number of school days		
Reason for Exceptional Leave Request			
(Please indicate the reason why this leave needs to be taken in term time - all evidence and context to support your application for exceptional leave must be provided with this request, as further information provided at a later date will not be considered.)			
miormation provided at a later date min not be considered.			

Please	ase tick if your child has sibling(s) at another school or schools	5
	,	
Name	me of School(s)	
Name	me of Parent/Carer Signed	
Date	te of request	
	Academy Use Only	
Our red	records show that to date your child has been absent	days during the current
	demic year giving them an attendance of%. Last yea	
_	ing considered your request along with your child's attenda uest does/doesn't meet Bradgate Educational Partnership's cri	_
	Your request for Exceptional Leave is granted and your ch	ild's absence will be authorised.
	Your request for Exceptional Leave is not granted. If their absence will be unauthorised.	your child is absent on this occasion
	Your request for Exceptional Leave is not granted. If their absence will be referred to the Leicestershire Notice in relation to an unauthorised family holiday during	County Council for a Fixed Penalty
per pa	our child has unauthorised leave of absence, you may either be parent per child (discounted to £60 if paid within 21 days), all Authority directly to the Magistrates' Court for the purpose	or your case could be referred by the
	School Comment	
Code	de	Signed