

Request for Exceptional Term Time Leave
(one form per child)

If you wish to request planned term time absence, please complete this form (Part A) and return to Liz Firth in the school office. Once the request has been considered we will return the form to you with the decision (Part B overleaf).

Requests for exceptional term time leave must be made at least 20 school days in advance of a proposed leave of absence. Thank you ☺

PART A

Name of School: DORE Primary	Name of Parents or Carers:	
Name of Pupil:	Telephone number:	
Class:	Email:	
Siblings in this or other schools (name, dob, name of school)		
Dates of exceptional leave request. From _____ To _____		
Why are you requesting an exceptional leave of absence during term time?		
<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 to 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 the LA monitors school attendance and that schools are required to inform parents of falling attendance. If persistent or very low attendance is recorded there may be repercussions which could include a fine/prosecution for unauthorised absence.		
Signed by parent/carer	Print name & relationship to child	Date

The 2013 Sheffield LA Exceptional Leave During Term Time: Policy for Sheffield Schools adopted by Dore Primary School Governing Body does not grant school term time leave of absence unless in EXCEPTIONAL circumstances.

The policy can be found on the school website at www.dore.sheffield.sch.uk

PART B (To be completed by school)

YOUR CHILD'S RECORD OF ATTENDANCE TO DATE AND DECISION

PERCENTAGE ATTENDANCE SO FAR THIS SCHOOL YEAR					
SCHOOL AVERAGE ATTENDANCE					
NUMBER OF SCHOOL DAYS REQUESTED FOR LEAVE					
DAYS OF LEAVE ABSENCE SO FAR THIS SCHOOL YEAR					
TOTAL NUMBER OF DAYS OF LEAVE ABSENCE					
REQUEST AUTHORISED		YES		NO	
REASON	Sheffield LA and Dore Primary School Policy OR				

SIGNATURE: **DATE.....**

Headteacher / Family Advocate