St Dunstan's Catholic School



EXCEPTIONAL CIRCUMSTANCES – PUPIL TERM TIME LEAVE REQUEST

(to be completed by parents/carers only) Pupil's Name D.O.B Class Pupil's Name D.O.B Class Pupil's Name D.O.B Class I/we request permission for the above named pupil(s) to be granted leave during the school term. Reason for request Dates of Absence Address where we will be staying...... I/We understand that: If travelling abroad, I / we have supplied a copy of the return travel documentation (please attach) I / we have supplied the name and phone number of a contact person whilst abroad (please attach) If I / we do not return at the agreed time; I am / we are aware that I / we may be issued with a penalty notice. If I do not pay the fine, the case may be referred to Court which could result in a fine of up to £1000 per child and a criminal record. In exceptional circumstances penalty notices may not be issued and cases may be taken straight to Court. Parent/Carer 1. Full Name Parent/Carer 2. Full Name DOB Address Address Signature..... Signature..... Date..... For Office Use Only Request is agreed / denied Signed Headteacher Dated