 **Headcorn Primary School**

Kings Road, Headcorn, Kent TN27 9QT

Phone: 01622-891289

Website: www.headcornschool.kent.sch.uk

Email: admin@headcorn.kent.sch.uk

Head Teacher: Miss S Symonds

**Extraordinary Leave of Absence Request – Exceptional Circumstances**

Dear Parent/Carer,

This form is for the purpose of applying for a short leave of absence due to exceptional circumstances. This request form should be submitted at the earliest possible date; preferably at least two weeks prior to the planned absence.

PLEASE NOTE - **The Education (Pupil Registration) (England) (Amendment) Regulations 2013** states that the Head Teacher should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

**PLEASE FILL IN SECTION A and return this form to the School Office.**

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| **SECTION A:** |
| Name of Pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_Dates(s) of absence: From \_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of days: \_\_\_\_\_\_\_Please state reason for absence below:Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Carer Date: \_\_\_\_\_\_\_\_\_\_\_ |

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| For office use only:  |

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| **SECTION B:** Extraordinary Leave of Absence Request – Exceptional Circumstances |
| To the parents/carers of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_Your request for leave of absence for exceptional circumstances on (date) \_\_\_\_\_\_\_\_\_\_\_ isAUTHORISED / NOT AUTHORISEDSigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Head Teacher Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |