



Date.....

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 request permission for the above named pupil(s) to be granted leave during the school term.

Reason for request

.....
.....

Dates of Absence

From To No of school days

Address where we will be staying

.....
.....

I/We understand that if leave is agreed:

- If travelling abroad, I / we will supply a copy of the return travel documentation.
- I / we will supply the name and phone number of a contact person whilst abroad.
- If I / we do not return at the agreed time; I / we am / 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.



Linden Road, Bournville, Birmingham, B30 1JY

Head Teacher: Amy Cooper enquiry@bournvillevillageprimary.org.uk
Tel: 0121 675 9098

Parent/Carer Name DOB Address Signature Date	Parent/Carer Name DOB Address Signature Date
---	---

Request **agreed / denied**

Number of days authorised

Number of days unauthorised

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signed Dated.....

Head Teacher

