

Fir Vale Family of Schools

REQUEST FOR TERM TIME LEAVE



DATE OF REQUEST:	
NAME OF STUDENT:	ADDRESS:
YEAR/REG. GROUP:	DATE OF BIRTH:
DATE LEAVE REQUESTED FROM:	DATE LEAVE REQUESTED TO:
DATE STUDENT WILL RETURN TO SCHOOL:	
REQUEST MADE BY (NAME):	RELATIONSHIP TO STUDENT:
FULL NAME OF PARENT/CARER (1):	
CONTACT NUMBER:	
FULL NAME OF PARENT/CARER (2):	
CONTACT NUMBER:	
TRAVEL ARRANGEMENTS ALREADY MADE ?	<input type="checkbox"/> YES <i>(PLEASE PROVIDE EVIDENCE)</i> <input type="checkbox"/> NO
DESTINATION:	
NAMES OF SIBLINGS (BROTHERS/SISTERS):	NAMES OF SCHOOLS ATTENDED:
What steps have you taken to minimize the impact of the leave on your child's education?	
Would it be possible for your child to stay with relatives/friends ?	
FOR SCHOOL USE ONLY	
Number of school days requested:	
Number of days authorised:	
Number of days unauthorised:	
Date verbal decision given to parent/carer:	
Date confirmation letter sent to parent/carer:	
Signature of Headteacher:	



REASONS FOR YOUR REQUEST FOR TERM TIME LEAVE

Please give full details of the reasons for your request

HOLIDAY (unauthorised)

ILLNESS / MEDICAL

Please include name of relative involved / relationship to student / nature and severity of illness/medical condition

BEREAVEMENT

Please include name of relative involved / relationship to student

FAMILY EMERGENCY

RELIGIOUS REASONS

OTHER CIRCUMSTANCES

PARENT/CARER DECLARATION

- I confirm that the information on this form is true.
- I will inform the school of any changes to my travel arrangements or if my child is unable to return to school on the due date.
- I am aware that if my child does not return to school by the date stated or is out of the UK for 20 days or more he/she is at risk of losing his/her place at this school.
- I am aware that the Local Authority may issue a Penalty Notice (fine) for any leave taken which has not been authorised by the Headteacher.

Signature of Parent/Carer:

Date:



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