

St. Augustine's Catholic Primary School



Avenue Road, Handsworth, Birmingham B21 8ED
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EXCEPTIONAL CIRCUMSTANCES - LEAVE IN TERM TIME REQUEST

Pupil's Name: _____ DOB: _____ N/R/1/2/3/4/5/6

Pupil's Name: _____ DOB: _____ N/R/1/2/3/4/5/6

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: _____

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, and could be fined £80 or £160 depending on how soon payment is made. If I do not pay the fine, I/we could then be required to attend Court; this could result in a fine of up to £1000 per child and having a criminal record.
- after four weeks of absence my/our child/ren may be removed from the school register and I/we will then be responsible for finding a new school on my/our return.

Parent/Carer Name _____ DOB: _____ Address: _____ _____ Signature: _____ Date: _____	Parent/Carer Name _____ DOB: _____ Address: _____ _____ Signature: _____ Date: _____
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Request **agreed / denied**

Signed:

Headteacher Date: _____

