EXCEPTIONAL CIRCUMSTANCES REQUEST FORM

SCHOOL:

DATE OF REQUEST:

Name of Children:	First Name	Surname	Class
Leaving date:		**Date due back in school:**	
Length of absence applied for (number of school days only):			**days**
Siblings in other schools: Please note this request information will be shared with the attendance lead in the school in which the sibling/s attend	**First Name**	**Surname**	**School**

Contact Details

Parents: (eg. Mother, Father, Grandparent, Carer):	**First name:** **Surname:**	**First name:** **Surname:**
	Address: **Postcode:**	**Address:** **Postcode:**
	Email: **Home phone number:** **Mobile:** **Alternative number while away:**	**Email:** **Home phone number:** **Mobile:** **Alternative number while away:**

Reason for absence including full explanation i.e. holiday, religious observance (use a separate sheet of paper if necessary)

The exceptional circumstances are…

Point of departure (eg. Airport, Coach, Train Station etc.):	**Destination:**
Time of departure:	**Flight numbers and name of airline:**

Emergency Contact Details (preferably someone who is staying in Leeds):	***Provide copies of travel plans to support your request.***
First Name: **Surname:** **Address:** **Postcode:** **Relationship to the child:** **Contact Number:**	If child is not leaving with parent(s) who is accompanying them? Who will be caring/responsible for the child? Why is/are the parent(s) not leaving with the child? Name: Relationship to child: Address: Postcode :

Parent's Full Name: **Parent's Signature:** **Date:**

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School Section **Any previous request** Yes ☐ No ☐	**Is the requested absence during exams** Yes ☐ No ☐			
Reason for refusal/Comments				
	Approved		**for School days**	
	Not approved		**for School days**	
Headteacher's Signature			**Date**:	