



Youlgrave, All Saints' Primary School
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Executive Headteacher: Miss Teresa Nicholls

APPLICATION BY PARENT/S FOR A CHILD'S/CHILDREN'S LEAVE OF ABSENCE FROM SCHOOL FOR EXCEPTIONAL CIRCUMSTANCES.

Please note – The Education (Pupil Registration) (England) (Amendment) Regulations 2013 state that Headteacher's should not grant approval for any leave of absence during term-time, including holidays, unless there are exceptional circumstances.

Name of Child..... Year Group

Name of Child..... Year Group

Child/children's address

Name of Applicant(s) and address (if different from above)

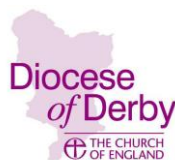
I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES. Dates: From..... To..... Total number of days requested

Please supply in as much detail as possible the reason for your request and why you feel it is exceptional circumstances. **Please include the names of the adult(s) who will be with your child(ren) during their absence from school.**

Continue over the page if necessary

Signed (parent(s))..... Name.....

Date..... (Please ensure the form is handed in before the event)



Derbyshire Healthy Schools
Community Award