

Child/rens' names and Tutor Group/s/Class



Exceptional Leave Request Form

First date of absence

	Last date of absence
	Total number of school days
Reason for Exceptional Leave Request	
(Please indicate the reason why this leave needs to	
to support your application for exceptional leave m	
information provided at a later date will not be con	isidered.)

Please tick if your child has sibling(s) at another school or schools
Name of School(s)
Trainic of Schools
Name of Parent/Carer Signed Signed
Date of request
Dute of request minimum minimu

Academy Use Only

Our rec	cords show that to date your child has been absentdays during the current
academ	nic year giving them an attendance of%. Last year their attendance was%
	considered your request along with your child's attendance data it has been agreed that this t does/doesn't meet Bradgate Educational Partnership's criteria for Exceptional Leave. Therefore:
	Your request for Exceptional Leave is granted and your child's absence will be authorised.
	Your request for Exceptional Leave is not granted. If your child is absent on this occasion their absence will be unauthorised.
	Your request for Exceptional Leave is not granted. If your child is absent on this occasion their absence will be referred to the Leicestershire County Council for a Fixed Penalty Notice in relation to an unauthorised family holiday during term time.
	School Comment
Code	Signed