The De Montfort School

UNLOCKING YOUR CHILD'S POTENTIAL





Request for Leave during Term Time

To: The Headteacher of	(School) Date
I request consideration of a grant of lea	ave of absence from school during term time for:
my child (full name)	
for the period from (date)	to (date)
The exceptional circumstances and rea	son for this request are:
I have (an)other child(ren) in (an)other	school(s) as follows:
	School(s) attended
(Signature of 1st Parent/Carer(s)	Print Name
(Signature of 2nd Parent/Carer(s)	Print Name
Please return completed form to the s the decision on whether the request is	chool office. The school will write to you and inform you of authorised or not.
For Office Use Only	
Current Attendance% Las	t Year's Attendance%
Number of school sessions taken as lea	ve during term time(this Academic Year
Agreed/Not Agreed	
Request for leave is agreed/is not agree between the above dates.	ed for the above student to take leave during term time
Signed	Date
Notification of decision: Date letter ser	nt to parent

Headteacher: Guy Nichols BSocSC (Econ), NPQH

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