**Wargrave House**

**REQUEST FOR EXCEPTIONAL LEAVE DURING TERM TIME**

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| **Student’s Name** |  | |
| **Class/Teacher’s Name** |  | |
| **Dates of Exceptional Leave Request** | **From:** | **To:** |
| **Number of School/College Days Requested** |  | |
| **1. What are you requesting exceptional leave during term time for?** | | |
| **2. Why does this have to take place in term time and not school/college holidays?** | | |
| **3. What steps have you taken to minimise the impact of the leave on your child’s learning?** | | |

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| **For Office Use Only** | |
| **Attendance to date** |  |
| **Number of days requested** |  |
| **Number of days authorized** |  |
| **Signature** |  |
| **Print name** |  |
| **Date Response sent to Parent** |  |

**Attention staff: please pass completed forms to Rebecca Worsley, Deputy Head Teacher**