**BROCKWELL JUNIOR SCHOOL**

**LEAVE OF ABSENCE REQUEST FORM**

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(ren) …………………………………………………………. Class ………………..

…………………………………………………………. Class ………

Child’s Address:- …………………………………………………………………………………………………………………

Name of Applicant(s): (1) …………………………………..………………………….………

(2) ………………………………………………………………………

Address of Applicant(s) (if different to child’s address):-

…………………………………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………

**I / We wish to apply for our child(ren) to be absent from school for EXCEPTIONAL CIRCUMSTANCES on the following dates.**

From …………………………………………………….. To…………………………………………………….

Total number of days our child(ren) will be absent from school ……………..

|  |
| --- |
| *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: (by both parents if applicable) Date …………………………………………………………

**……………………………………………… ………………………………………………….**

**Applicant (1) Applicant (2)**

***THIS FORM SHOULD BE SUBMITTED TO BE HEADTEACHER AT LEAST 2 WEEKS BEFORE THE DATE OF REQUESTED LEAVE. SUBMIT TO*** [***enquiries@brockwell-jun.derbyshire.sch.uk***](mailto:enquiries@brockwell-jun.derbyshire.sch.uk)

***IF THE REQUEST IS FOR A FAMILY HOLIDAY PLEASE SUBMIT IT BEFORE THE HOLIDAY IS BOOKED.***