CHRIST CHURCH C of E (c) PRIMARY SCHOOL

Christchurch Lane, Lichfield, Staffordshire WS13 8AY

Co-Headship: Mrs. Julie Pilmore and Miss Amy Stonier
Telephone: 01543 227210
Email: contact@christchurch-lichfield.staffs.sch.uk
Website: www.christchurch-lichfield.co.uk

Request of Leave during Term Time

To: The Head Teacher of: Christ Church CE (c) Primary School Date: _____

I request consideration of a grant of leave of absence from school during term time for:

my child/ren (full name/s) _____

for the period from (date) _____ to (date)_____

The exceptional circumstances and reason for this request are:

_____

_____

Signature of 1st parent/carer(s): _____ Print name: _____

Signature of 2nd parent/carer(s): _____ Print name: _____

Please return this form to the school office. The school will then write to you and inform you of the decision on whether the requested is authorised or not.
Please note: the Department of Education (DfE) made important changes to the law for families wanting to request leave of absence in term time. The changes made it clear that Head Teachers may not grant any leave of absence during term time, unless they are exceptional circumstances.

_____

For Office use only:
Attendance for previous 12 months: _____%

Number of school sessions taken as leave during term time_____ (this academic year)

Request **Agreed/Not Agreed** Reason: _____

Signed: _____(Head Teacher) Date: _____

Respect - Care - Responsibility

Relationships - Resilience - Risk Taking - Reflective – Resourceful