

## **CHRIST CHURCH CE (c) PRIMARY SCHOOL**

Christ Church Lane, Lichfield, Staffordshire WS13 8AY

**Head Teacher**: Mrs. Julie Pilmore **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 Churc	h CE (c) Primary School	Date:	
I request consideration of a grant of le	eave of absence from scl	nool during term	time for:
my child/ren (full name/s)			
for the period from (date)	to (	date)	
The exceptional circumstances and rea	ason for this request are	2:	
Signature of 1 <sup>st</sup> parent/carer(s):		Print name:	
Signature of 2 <sup>nd</sup> parent/carer(s):		Print name:	
Please return this form to the school of decision on whether the requested is a Please note: the Department of Education wanting to request leave of absence is may not grant any leave of absence of	authorised or not. ation (DfE) made impor in term time. The chang	tant changes to t es made it clear	the law for families
For Office use only:			
Attendance for previous 12 months: _	%		
Number of school sessions taken as le	ave during term time		_ (this academic year)
Request Agreed/Not Agreed Reason	n:		
Signed:	(Head Teacher)	Date:	

**Respect - Care - Responsibility** 

Relationships - Resilience - Risk Taking - Reflective - Resourceful

















