

EXCEPTIONAL CIRCUMSTANCE APPLICATION FORM

* * * **P L E A S E P R I N T** * * *

NAME OF CHILD: _____ D.O.B: _____

YEAR GROUP: _____ FORM: _____

DATE OF APPLICATION: _____

INTENDED START DATE: _____ RETURN DATE: _____

PARENT NAME Mr/Mrs/Ms: _____

This form should be used to show why you believe your child should have their absence authorised for a given period of time. Holidays are **not** considered exceptional circumstances.

EXCEPTIONAL CIRCUMSTANCE

Please provide full details for the reasons for this request. Please attach relevant additional information if available.

Please note under the Government's new guidelines it is at the Principal's discretion whether this request is accepted or declined.

If granted and your child does not return to school on the stated date the school can remove your child from the school roll and you will be required to make a new application to the Local Authority for a school place.

Parents taking their child out of school where the request has been declined leave themselves at risk of a penalty notice and/or prosecution.

Parents Signature: _____

Date: _____

Accepted **Date:** _____

Declined **Date:** _____

Principal: _____