



ST EGWIN'S C.E. MIDDLE SCHOOL

St Egwin's C E Middle School
Worcester Road, Evesham, WR11 4JU

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HEADTEACHER
Nick Pullan B.Sc. (Hons), PGCE

Request for Leave during Term Time

To: The Headteacher of:..... (School) Date.....

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

my child (full name)

for the period from (date) to (date)

The **exceptional** circumstances and reason for this request are:

.....
.....
.....

I have (an)other child(ren) in (an)other school(s) as follows

Child(ren) (full name(s))School(s) attended

.....
.....

(Signature of 1st Parent/Carer(s).....Print Name.....

(Signature of 2nd Parent/Carer(s) Print Name.....

Please return completed form to the school office. The school will write to you and inform you of the decision on whether the request is authorised or not.

For Office Use Only

Current Attendance.....% Last Year's Attendance.....%

Number of school sessions taken as leave during term time(this Academic Year)

Agreed/Not Agreed

Request for leave is agreed/is not agreed for the above student to take leave during term time between the above dates.

Signed Date

Notification of decision: Date letter sent to parent