



ST JOSEPH'S CATHOLIC PRIMARY SCHOOL

"Jesus light our way on our faith journey. Be our guide, our joy and hope, as we learn, live, love and pray together"

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Head Teacher: Mrs M Ashley



EXCEPTIONAL CIRCUMSTANCES - LEAVE IN TERM TIME REQUEST

Pupil's Name ..... D.O.B ..... Class .....
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I request permission for the above named pupil(s) to be granted leave during the school term.

Reason for request

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Dates of Absence

From ..... To ..... No of school days .....

I/We understand that if leave is agreed:

- if travelling abroad, I / we will supply a copy of the return travel documentation.
• I / we will supply the name and phone number of a contact person whilst abroad.
• if I / we do not return at the agreed time; I / we , am / are aware that I / we may be issued with a penalty notice, and could be fined £60 or £120 depending on how soon payment is made.
• after four weeks of absence my / our child/ren may be removed from the school register and I / we will then be responsible for finding a new school on my / our return.

I/We understand that if leave is not agreed, and I/we still take my/our child out of school:

- the absence will be recorded as unauthorised absence.
• this may lead to the issuing of a £60 penalty notice (one for each parent) and legal action being taken.
• In addition, if a pupil takes unauthorised leave in term time without the Head Teacher's authorisation, and does not return to school within 20 school days the pupil may be deleted from the school register on the 21st day. This means your child would not have a place

Table with 2 columns: Parent/Carer Name, DOB, Address, Signature, Date.

Request agreed / denied

Signed ..... Head Teacher

Date .....