Date Received: ………………………………………………

# BLESSED TRINITY RC COLLEGE
# Permission Request for Leave of Absence
### *THIS MUST BE COMPLETED 6 WEEKS PRIOR TO LEAVE STARTING.*

This application **MUST** come from the parent with whom the child resides. Please add any additional information we may need overleaf.

| | | | | |
|---|---|---|---|---|
| **Child Info** | **Surname:** | | **Forename:** | |
| | **Date of Birth:** | | **Year Group:** | |
| **Mother / Carer Info** | **Surname:** | | **Forename:** | |
| | **Date of Birth:** | dd / mm / yyyy | **Contact No:** | |
| | **Address:** | | **Postcode:** | |
| **Father / Carer Info** | **Surname:** | | **Forename:** | |
| | **Date of Birth:** | dd / mm / yyyy | **Contact No:** | |
| | **Address:** | | **Postcode:** | |

### Please specify who the child is going on holiday with if different from above:

| | | | |
|---|---|---|---|
| **Surname:** | | **Forename:** | |
| **Date of Birth:** | dd / mm / yyyy | **Contact No:** | |
| **Relationship to child:** | | | |
| **Address:** | | **Postcode:** | |

| | | | | |
|---|---|---|---|---|
| **Are there any siblings applying for leave either at Blessed Trinity or at another school?** (Please Tick) | | | ❑ **YES** | ❑ **NO** |
| **Sibling Info** | **Surname:** | | **Forename:** | |
| | **Date of Birth:** | dd / mm / yyyy | **School:** | |

**Please provide detailed information regarding the exceptional circumstances supporting this application for leave (continue on a separate sheet if necessary):**




| | | | |
|---|---|---|---|
| **Length of Absence*:** *Number of school days | | **Destination:** | |
| **Start Date of Leave from School:** | dd / mm / yyyy | **End Date of Leave from School:** | dd / mm / yyyy |

If you are stating work commitments as an exceptional reason for requesting leave, please complete this section and attach any evidence you have. For example a letter from your employer stating why leave cannot be taken during the school holidays.

| | | | |
|---|---|---|---|
| **Employer Name:** | | **Contact No:** | |
| **Address:** | | **Postcode:** | |

Please note schools are only allowed to authorise leave during term time if circumstances are considered to be exceptional. A fixed penalty notice may be issued when leave is taken without prior agreement from school.

**Parent/Carer Signature:** ………………………………………………  **Date of Application:** …………………………………………………

**Print Name:** …………………………………………………………………..