T 0121 675 9740 F 0121 675 9741 E enquiry@feathstn.bham.sch.uk



EXCEPTIONAL CIRCUMSTANCES – PUPIL TERM TIME LEAVE REQUEST	
Pupil's Name D.O.B	Form
Pupil's Name D.O.B	Form
I request permission for the above named pupil(s) to be granted leave during the school term.	
Reason for request	
Dates of Absence	
From To	No of school days
 attend Court; this could result in a fine of record. In exceptional circumstances penalty not taken straight to Court. 	I we am / are aware that I / we may be pay the fine, I / we could then be required to up to £1000 per child and having a criminal ices may not be issued and cases may be register in accordance with the Education
Parent/Carer Name	Parent/Carer Name
DOB	DOBAddress
Address	Address
Signature	Signature
Date	Date
To be completed by Headteacher	
Request agreed / denied	
Signed Head Teacher	Dated

















