



BENTS GREEN SPECIALIST SECONDARY SCHOOL

RINGINGLOW ROAD
SHEFFIELD S11 7TB
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HEADTEACHER: SACHA SCHOFIELD

Request for Term Time Leave Application Form

<i>Name of Pupil</i>	<i>Name of Parents or Carers</i>	
<i>Siblings in this or other schools (name, DoB)</i>	<i>Telephone Number</i>	<i>Email</i>
<i>Dates of request From To</i>		
Why are you requesting leave of absence during term time?		
What steps have you taken to minimise the impact of the leave on your child's learning?		
Where will you be staying during the leave period? Please provide the full address.		
Emergency Contact Details (UK and Abroad)- name, telephone number & relationship		
UK:		
Abroad:		
<ul style="list-style-type: none"> I confirm that the information on this form is true I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school on the due date I am aware that I may be fined and/or prosecuted for any time which my child is absent from school that has not been authorised by the Headteacher 		
Signed by parent/carer	Print name & relationship to child	Date
For school use only	Date request received / /	
Has the request been considered by the Headteacher?		
Has the request been discussed with the parent/carer (where appropriate)? Date:		
No of school days Requested: No of days Authorised: No of days Unauthorised:		
Date of decision letter sent to parent/carer:		
If unauthorised leave is taken and this case complies with Penalty Notice criteria (attendance level below 90% with at least 20% of the absense being unauthorised,) please forward to MAST along with Pupil/student attendance register		
	Headteacher's signature	Date