

EXCEPTIONAL CIRCUMSTANCES REQUEST FORM

SCHOOL: St Mary's, Menston, a Catholic Voluntary Academy

DATE OF REQUEST:

Name of Children:	First Name	Surname	Class
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Leaving date:	Date due back in school:
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Length of absence applied for (number of school days only): _____ **days**

Siblings in other schools:	First Name	Surname	School
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Please note this request information will be shared with the attendance lead in the school in which the sibling/s attend

Contact Details

Parents: (eg. Mother, Father, Grandparent, Carer):	First name:	First name:
	Surname:	Surname:
	Address line one number:	Address:
	Postcode:	Postcode:
	Email:	Postcode:
	Home phone number:	
	Mobile:	

<p>Emergency Contact Details (preferably someone who is staying in Leeds):</p> <p>First Name:</p> <p>Surname:</p> <p>Address:</p> <p>Postcode:</p> <p>Relationship to the child:</p> <p>Contact Number:</p>	<p><u>*Provide copies of travel plans to support your request.*</u></p> <p>If child is not leaving with parent(s) who is accompanying them?</p> <p>Who will be caring/responsible for the child?</p> <p>Why is/are the parent(s) not leaving with the child?</p> <p>Name:</p> <p>Relationship to child:</p> <p>Address: Postcode :</p>
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Statutory Declaration
