

NOTIFICATION OF TERM TIME LEAVE

Before completing this form, please ensure you have understood the school's policy for term time leave

Pupil Name: Siblings in other school: Name, dob. School) Current address:	Name of parent/carer 1: D.O.B Name of parent/carer 2: D.O.B Address of parent 2 if different to that on the left:	
Dates of leave: From: _____ To: _____		
What is the notification for? Exceptional Leave during term time: Yes/No (If yes please attach additional information/evidence to support your circumstances) Holiday in term time: Yes/No		
Please add the details for the leave of absence;		
<ul style="list-style-type: none"> I can confirm that this information is correct I agree to keep the school informed of any changes to my travel arrangements or if my child is unable to return to school I am aware that if my child does not return to school by the date provided that he/she is at risk of losing their place at this school I am aware that I will 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: Decision letter sent to parent date:	Date request received:	

For Y7-11 please return to khutchinson@notredame-high.co.uk

For Y12-13 please return to khicks@notredame-high.co.uk

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 Fulwood Road, Sheffield S10 3BT
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Headteacher: Mrs D Cleary

"In the schools teach whatever is necessary to equip students for life." Saint Julie Billiart

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