



EXCELLENCE • LEARNING • LEADERSHIP

**ST JOHN'S**  
SCHOOL

Episkopi  
British Forces Post Office 53  
Tel. (+357) 25 96 3888  
Fax. (+357) 25 96 3708  
Email: enquiries@stjohnsschoolcyprus.com  
Web: www.stjohnsschoolcyprus.com

**REQUEST FOR TERM TIME PUPIL LEAVE – EXCEPTIONAL CIRCUMSTANCES**

Name of child: \_\_\_\_\_

School class: \_\_\_\_\_

**I would like to request permission for my child to take 'exceptional' term time leave from school for the following reasons and understand that family holidays are not a valid reason and that any absence may be detrimental to my child's education.**

Outline of exceptional circumstances:

The exceptional leave that I am requesting from my child is planned from (Date) \_\_\_\_\_ until \_\_\_\_\_ resulting in a total absence of \_\_\_\_ days.

I understand that I may be required to provide evidence of the above if required and that this may require this information to be discussed with the relevant Unit Welfare Office.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**HEAD TEACHER USE ONLY**

Thank you for your application for 'exceptional leave' for your child.

Your child's attendance record for the last term/academic year is \_\_\_\_% attendance.

a) I confirm that this exceptional leave has been agreed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

b) Your request for exceptional leave has not been agreed for the following reason.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

