

HOLY TRINITY CE JUNIOR SCHOOL – 020 8647 7496

REQUEST FOR A PUPIL TO TAKE ABSENCE LEAVE DURING TERM TIME

Name of Child: Class:

I would like to request leave from school for my child for the following reason:

.....

The dates are from to (..... school days).

Signature Parent/Carer: Date:

Please Print:

We strongly advise that parents do not take their children out of school during term time.

NB: All holidays in term time will be recorded as unauthorised absence.

This slip is to be returned to the parent

I note your request for absence leave during term time.

Name of child: Class:

Date/s from: to: (..... school days)

This will be recorded as unauthorised absence.

**SIGNED: HEADTEACHER
(in charge of pupils attendance)**

DATE: