



St. Alban & St. Stephen Catholic Primary School & Nursery



Headteacher: Mrs C Moore

Assistant Head: Mrs B Murphy Assistant Head: Mrs A Porter

Tel: 01727 866668

Website: www.ssas.herts.sch.uk

Email: admin@ssas.herts.sch.uk

Request for Leave during Term Time

To: Mrs Moore

Date _____

I request consideration of a grant of leave of absence from school during term time for my child

Full name _____ for the period

from (date) _____ to (date) _____ No of days _____

The **exceptional** circumstances and reason for this request are:

Signature of 1st Parent/Carer _____

Print Name _____

Signature of 2nd Parent/Carer _____

Print Name _____

Please return completed form to the school office. The school will write to you and inform you of the decision on whether the request is authorised or not.

For Office Use Only

Current Attendance _____% Last Year's Attendance _____%

Number of school sessions taken as leave during term time _____ (this Academic Year)

Agreed/Not Agreed

Request for leave is **AGREED / NOT AGREED** for the above student to take leave during term time between the above dates.

Signed _____ Date _____

Date notification of decision letter/email sent to parent _____