



St. Alban & St. Stephen Catholic Primary School & Nursery
Cecil Road, St Albans, AL1 5EG



Executive Headteacher: Mr Peter Keane
Head of School: Ms T Hackett Assistant Head: Mrs C Smith
Tel: 01727 866668
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"Learning and Growing with God by our side"

Request for Leave during Term Time

To: Ms Hackett

Date _____

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

Full name _____ Class: _____

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 _____