



Ss Alban & Stephen Catholic Junior School

Cecil Road, St Albans, Hertfordshire, AL1 5EG

Tel: 01727 866668

Website: www.ssasjm.herts.sch.uk

Executive Headteacher: Miss C McFlynn

Email: admin@ssasjm.herts.sch.uk

Head of School: Mrs A Porter



Request for Leave during Term Time

To: Mrs A Porter – Head of School

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) _____

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 _____

Notification of decision letter sent to parent _____

"Nurturing every child to grow and flourish in Christ"

