



Tylorstown Primary School

Edmund Street, Tylorstown, CF43 3HH
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E-bost/Email: admin.tylorstownpri@rctednet.net
Headteacher: Mr s J Edwards

Holiday Notification Form

This form is to be completed by the parent/carer and forwarded to the School Office **not less than four weeks** prior to the period of absence required. The school strongly advises parents that pupils should not take leave of absence in term time. Approval of absence is entirely at the discretion of the school.

I would like to request that:

	Full Name	Date of Birth	Class
Child 1			
Child 2			
Child 3			
Child 4			
Home Address			

be granted leave of absence from _____ to _____
to participate in a family holiday at _____ (destination).

Number of school days to be taken _____

Reason for Holiday to be taken during term time: _____

Name of Parent/Carer: _____

Signature of Parent/Carer: _____

Date: _____

For School Use Only:

Authorised Days: _____

Unauthorised Days: _____

Signature of Headteacher: _____

Signature of Chair of Governors/Link Governor for Attendance:

Date: _____