



Aberdare Town CIW Primary

Wind Street
Aberdare
CF44 7HF

Ffon/Tel: 01685 871520

Epost/Email: admin@aberdaretownciwprimary.rctcbc.cymru
Headteacher: Mrs M C Werrett

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 local authority and school strongly advise parents that pupils should not take holidays in term time. Approval of absence is entirely at the discretion of the school.

Please do not assume that your holiday request will be authorised – each request will be considered on its own merits and may be unauthorised.

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

Children in Another School - I will also be requesting this holiday for my other child(ren) who attend (please state child's **AND** school name):

.....
.....

Please consider the following circumstances when considering my child(ren)'s request:

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: _____