

## **Holiday Notification Form**

This form is to be completed by the parent/carer and forwarded to the Attendance Team in School **no less than four weeks prior** to the period of absence required. The Local Authority and School strongly advises 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. Fixed Penalties may be issued.

Due to Covid regulations we are obliged to ask where you are taking your child/children and request that you complete this with as much information as possible.

I would like to request that:

OL:1.1.1	Full Name		Date of Birth	Year Group
Child 1				
Child 2				
be granted leave	of absence from:		to	
Number of Scho	ol Days to be take	en:		
Destination Deta	ils:			
Please consider t	the following circ	eumstances when cons	sidering my child/child	dren's request:
Name of Parent/	Carer:		Signature:	
Name of Parent/ Date:			Signature:	
Date:			Signature:	
Date:or School Use C			Signature:ays:	
Date:or School Use Couthorised Days:_	Only:	_ Unauthorised D	ays:	_ FPN: Yes/No
Date:or School Use Couthorised Days:_eason:	Only:	_ Unauthorised D	ays:	FPN: Yes/No
Date:or School Use Couthorised Days:_eason:	Only:	_ Unauthorised D	ays:	FPN: Yes/No

Albion Community Campus Cilfynydd, Pontypridd Rhondda Cynon Taff CF37 4SF