

Request for term-time holiday absence

Child's name:		Year Group:
Dates of holiday absence from school		
From:	То:	
Reason for absence:		
Consent of parent/carer:		Do you consent to
(If co-parenting, please confirm if both parents consent to the child's absence.)		the request?
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1 st parent's name/address/phone number		
2 nd parent's name/address/phone number		

^{*} See Over

Please sign to agree to the Attendance and Punctuality policy found at: www.thythornfield.co.uk/policies		
Sign:	Print name:	

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