



# Wodensfield Primary School

WOLVERHAMPTON CITY COUNCIL

Woden Avenue, Wednesfield, Wolverhampton WV11 1PW  
Telephone: (01902) 556350 Email: office@wodensfield.org

Headteacher: Mrs. S. Walker

## Leave of Absence (Holiday in Term Time) Request Form

### Child's/Children's Details

Full Name: _____	Class: _____	DOB: _____
Full Name: _____	Class: _____	DOB: _____
Full Name: _____	Class: _____	DOB: _____

### Parent/Carer 1 Details

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

### Parent/Carer 2 Details

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

### Details of Absence Request

From Date: \_\_\_\_\_ To Date: \_\_\_\_\_

Length of absence (number of school days): \_\_\_\_\_

Please state reason for taking your child/children out of school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(signature (s) required from parent/parents who live with child or who has day to day care of the child/children)

### For Office Use Only

Holiday Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Holiday Request: NOT GRANTED**

Signed by Head Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

