

Hatchford Brook J & I School
Request for Leave Due To Religious Observation During Term Time

Name of Pupil:.....	Date of Birth:
	Class:.....
Address:.....	
Leave requested from date Date Return to School..... Total number of school days requested:.....	
Name of Religious Festival:.....	
Name of Parent/Carer:.....	
Signature:.....	Date:.....

For School Use:

UPN: _____

LEAVE AUTHORISED: YES/NO

HEAD TEACHERS SIGNATURE: _____

DATE: _____