

**MONMOUTHSHIRE COUNTY COUNCIL**

**DEPARTMENT OF LIFELONG LEARNING AND LEISURE**

**APPLICATION FOR TERM TIME HOLIDAY**

SCHOOL \_\_\_\_\_

NAME OF PUPIL \_\_\_\_\_ YEAR/FORM \_\_\_\_\_

PROPOSED HOLIDAY DATES \_\_\_\_\_  
\_\_\_\_\_

Reason for request:  
(if you are unable to take your annual holiday from work at any other time, please  
ask your employer to provide confirmation).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_  
Parent/Guardian

DATE \_\_\_\_\_

**Please return this form to the School Office**

AUTHORISED BY \_\_\_\_\_ DATE \_\_\_\_\_