



HOLIDAY

REQUEST FORM

Parent's Section

Name of Child/Children _____ Class _____

Name of Child/Children _____ Class _____

Name of Child/Children _____ Class _____

Please authorise the absence of my child/children for the following dates:-

First Day of Absence _____

Last Day of Absence _____

Date Back in School _____

Number of Days Absent from School in Total _____

Reason for Absence _____

Signed _____ Date _____



Head Teacher Section

Permission for Absence Granted Yes / No (please circle)

Reason for Refusal _____

Signed _____ (Head Teacher) Date _____



Class Teacher Section

Child/Children's Name _____ Class _____

Will be absent from school from _____ to _____

Reason _____

Dates Entered onto Eletronic Register Yes No



St. Paul's C.E. Primary School

