Please note this will affect your child's attendance To be completed by the school. Percentage attendance to date :

Name



City Council	PUPIL HOLIDAY ABSENCE REQUEST FORM Name				
This is a request fo	r a leave of absence to be gra	anted by scho	ol for my chi	ld/children to go on holida	ay in term time.
Ioliday destination			Dates of holiday: From until		
Number of school days which w	vill be missed (do no	ot include wee	ekends or scl	hool holidays)	
Reason for taking holidays in tern	n time				
Have you taken any other holiday	s in term time during this sch	ool year? Y	ES/NO	If YES, how many school	days were missed?
Parent's address				Telephone numbe	r
Name(s) of parent or guardianS			igned	Date	
please print)		S	igned		Date
To be completed by parent			To be completed by the school that the child attends		
Please list the names and schools of all children who require permission for this noliday.			Permission granted?	Authorised by:	
Name of child (please print)	School	Class or Year Group	Yes/No	Name (please print)	Signed and Dated

This form may be photocopied – permission must be obtained individually for each child from his/her school. Please ensure that each school receives the form in advance of the holiday dates.

Parents - please note that holidays taken in term time without prior permission from school may result in legal sanctions for irregular attendance being taken against you by the Local Authority. You could be issued with a penalty notice which is a fixed penalty fine or prosecuted in the Magistrates' Court.