St John's School
Application for Authorised Leave

PUPIL NAME (First and Surname)		
CLASS		
SIBLINGS:		
PARENT CONTACT NUMBER	**WORK**	
	HOME	

NUMBER OF SCHOOL DAYS REQUESTED *Do not include SAT/SUN*	**DAYS IN TOTAL**	**FROM**	**TO**

REASON FOR REQUEST

(Please provide sufficient detail to inform the decision making process).

HAS YOUR CHILD HAD ANY OTHER HOLIDAY REQUESTS IN THE CURRENT ACADEMIC YEAR?	**Yes**	**No**	**IF YES PLEASE GIVE DATES AND DETAILS:**
	☐	☐	

Attendance at school is statutory and children are required to attend school for 188 days each year, and every day is important.

Headteachers may only authorise absence in exceptional circumstances.

In order to obtain permission parents are reminded that:

1. Holiday bookings should not be confirmed prior to gaining approval.
2. Adequate notice is required for applications to be processed.

There will be certain occasions when holiday requests will not be granted e.g. during exam time, child's poor attendance record. If request for holiday leave is declined, parents have the right to appeal to the Director of Education.

Signed (Parent/Guardian): _____ Date: _____

FOR OFFICE USE ONLY

Attendance Percentage			**Entered on SIMS**		**Parents notified**	
Permission Granted	**Yes**	**No**	**Reason**			
	☐	☐				

Agreed By:	**Date:**