

HOLIDAY/LEAVE OF ABSENCE FORM *(please complete at least 1 week prior)*

PARENT TO COMPLETE

I request permission for

Child's name: _____

Class: _____

to be absent from school from _____ to _____ (inclusive).

Reason for absence:

I understand that my child will miss learning covered during this period of absence and that it is not possible for teachers to provide all work that will be missed.

Signed: _____ Date: _____

Authorised leave

- Any leave due to a significant family matter, illness or a medical appointment

Unauthorised leave

- Any leave taken to go on holiday outside of the normal school holiday periods.

HEADMASTER TO COMPLETE

I acknowledge receipt of the Leave of Absence request.

Due to the nature of the request, your child's absence for the above period will be recorded as authorised / unauthorised on their school report card.

This will make a total of _____ school days of requested absence during the school year 2024/2025

_____ Authorised days / _____ Unauthorised days

Signed: _____ Date: _____