

St Anne's Catholic Primary School Nantwich

**Holiday Request Form**



Name of child/ren .....

Year Group/s YR Y1 Y2 Y3 Y4 Y5 Y6

I request leave of absence for my child / ren for the period;

From..... To.....

Reason.....

Number of school days.....

Parent / Carer signature.....

Date of request.....

**Leave of absence from school may only be granted to a pupil by a person authorised to do so. (E.g Head teacher)  
Leave of absence should not exceed 10 school days in any one academic year.**

**Absences will not be granted during periods of tests and assessments.**  
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Permission is granted for leave of absence as detailed above.

Signed.....**Head Teacher**