



APPLICATION FOR LEAVE OF ABSENCE DURING TERM TIME

I, the undersigned, being the parent or guardian of

Name of child.....

Address.....

.....

Year and Form

Request permission that my child be granted leave of absence from School to enable him/her to accompany me on my annual holiday.

From (please insert first day of absence)

To (please insert last day of absence)

Signed (Parent / Guardian) Date

Number of School days lost

Please return to Mr B Jordan, Headteacher, Bebington High Sports College

This form is to be completed by the parent/guardian and forwarded to the Headteacher before the period of which leave is requested.

Note: The Education Regulations (Pupil Registration) 1995 gives the Head Teacher powers to grant up to 10 days leave of absence in any academic year for a pupil to accompany their parent/guardian on their annual holiday.

Parents/guardians do not have an automatic right to leave of absence. Permission is given only at the Headteacher's discretion.

Parents should avoid requesting leave of absence for their child during School and national examination periods. Please check dates before making any bookings.

[] Authorised for first 5 days

[] Unauthorised