



Holiday Leave Form

FAMILY NAME: _____

Childs Name: _____

Date of Leave: _____

Childs Name: _____

Date of Leave: _____

Childs Name: _____

Date of Leave: _____

Childs Name: _____

Date of Leave: _____

NOTICE:

I understand the leave applied for will be registered against my child's lessons and there will be no charge. I understand each child is entitled to three days holiday leave in a calendar year. Notice for leave must be given a month in advance.

Signature: _____

Date: _____

OFFICE USE:

Date received: _____

Staff Initials _____

Mark as inactive if withdrawn permanently

Mark in SPLASH if on Leave

Staff Initials _____

Date removed: _____

Staff Initials _____

Exit Date and reason in Student session record