

**ST JAMES INFANT SCHOOL,
DAVENTRY NN11 4AG**

HOLIDAY FORM

**Leave of Absence for pupils to accompany parents on an ANNUAL holiday
during TERM TIME.**

Up to 10 school days may granted in one school year.

**Name of
child:**.....

**Class
Teacher:**.....

I request permission for the above named child to be allowed to accompany me on my ANNUAL holiday
to:

.....

From:.....

To:.....(Dates)

**Signed
(Parent/Carer):**.....

Please state any previous term time holiday taken in this school year:

.....

For the class teacher:

I give permission for the above named child to be on annual holiday (dates as above)

Headteacher:.....

Date:.....

For the parent:

I confirm that I give permission

for.....
to be on annual holiday.

From:.....

To:.....(Dates)

Headteacher:.....

Date:.....