

HOLIDAY LEAVE FORM FOR STUDENTS

PARENTS PLEASE COMPLETE AND RETURN TO FRONT OFFICE

CLASS TEACHER :.....Year.....

CHILDS NAME :.....

DATE LEAVING SCHOOL ON LEAVE :.....

DATE RETURNING TO SCHOOL :.....

NOTES:.....

PARENTS NAMES:.....

PARENT SIGNATURE:.....

DATE:.....

School Use

Checklist to be signed off by following officers:

Form is to be completed and returned to front office ASAP

Original for Teacher - (please keep with Roll/ child's plastic slip)

Copy for Front Office - (copy placed in away Folder)

Front office - check list completed _____