St John Lloyd RC Primary School
Holiday Request Form

Pupil Name(s):	
Class/Teacher:	
Today's Date:	
Holiday Start Date:	
Date of Return to School:	
Number of Days Requested:	
Reason for Leave:	
Signature of Parent/Guardian:	
Print Name:	

Office Use Only:

Current Attendance(s):	
Authorised: ☐ **(H)**	**Unauthorised:** ☐ **(G)**

Signed:

Position: Headteacher

Dated:

SIMS Update

Signed:

Dated: