



**St Joseph's Preparatory School
Stoke-on-Trent**

**Holiday Form for Academic Year
(Leave of Absence from School)**

Pupil's Name:	Class:
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I request permission for the above-named child to have leave of absence from school.

First Day of Absence	Last Day of Absence	Number of School Days
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Reason

Signed: _____ (Parent / Guardian)

Date: _____

Please Note:

This form is to be completed by the parent and forwarded to Mrs Hutchinson, Headteacher before the period of absence.

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For School Use Only:

Date Received:	Absence Confirmed: YES / NO	Reply Sent:
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