



Headteacher: Mr. N. Craven-Lashley B.A. Ed. (Hons) NPQH Deputy Head: Mrs. R. Edwards B.A. Ed. (Hons)

e
: Cwm.GlasPrimary@swansea-edunet.gov.uk 

: www.cwmglasprimary.org



	Holiday/A	bsence Reg	uest Form		
	e completed by Pare requested	nt/Guardian at	least 7 days in advar	nce of the release	
Holiday dates from		to		•••••	
Number of school d	lays which require aut	horisation			
(N.B: A maximum of Teacher)	10 school days per chilo	I in any one acad	emic year may be autho	orised by the Head	
	Parent/Carer to complete			School to complete	
	Name	Class	Attendance % this year so far	Holiday absences?	
Child 1				☐ yes ☐ no	
Child 2				yes no	
Child 3				☐ yes ☐ no	
Child 4				☐ yes ☐ no	
	ction procedures pleasence from school ar			en) will be staying a	
Contact Telephone	e No:				











Signed...... Date.....













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SECTION B - To be completed by School				
Number of previously requested holiday dates:				
Your request for authorisation of the above holiday period during term time:				
has been authorised				
has not been fully authorised as it exceeds the time the school may allow				
<ul> <li>Of the period requested days will appear as 'unauthorised absences' on your child's end of year report</li> </ul>				
has not been authorised as:				
<ul> <li>Your child(ren) already has/have more than 10% absences this year</li> <li>Your child(ren)'s attendance over an extended period is already unacceptably low</li> </ul>				
Please note that:				
☐ No tests will be administered during the period requested above				
☐ During the period requested above the annual Special Educational Needs Audit for the county will be taking place and we recommend that your child be present				
☐ During the period requested above our annual standardised tests will be taking place and we recommend that your child be present				
A completed copy of this form will be returned to you so that you may maintain a record of your holiday requests at home.				
Signed Head Teacher Date				

















