



**Child Holiday Form**



Name of Child/ren: .....

Leave Start date:..... End date:.....

Total Weeks requested..... (PLEASE ENSURE IT IS A BLOCK WEEK -No half weeks or single days)

**Holiday Allowance - 4 weeks per year Jan-Dec**

If your child starts between Jan-Mar 4 weeks/ April-June 3 weeks/ July -Sept 2 weeks/ Oct -Dec 1 week.

**NB: Please hand in this completed holiday form to a member of staff before the 15<sup>th</sup> of the month prior to absence. This is to allow for accurate billing and staff planning.**

Thank you

Sarah and Nathan Pavey



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