Appendix 1

DROITWICH SPA HIGH SCHOOL AND SIXTH FORM CENTRE

Notification of Absence for a Family Holiday during Term Time

Child's name		**Tutor Group**	
Dates for which leave of absence is notified			
From: **(first day of absence)**	**To:** **(last day of absence)**	**Number of School Days:**	
Holiday destination:			

Please complete and sign section A or Section B

Section A

I am aware that the school, in response to national guidance, will only authorise such absences in exceptional circumstances and understand that my child's absence will be recorded as unauthorised.

Date: …… Signed …… (Parent/Carer)

Section B

I ask that the school authorises this absence for the reasons set out below:

Date: …… Signed ……