

Valley Gardens Middle School

Name(s) of		onal absence for children.
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		_
		Form
		Form
/we reque	est permission for	named child(ren) to be absent from school on the
•	lates for the reaso	
Holiday		
(Please give	e further details)	
Sporting Ac	ctivity/Competition	
	e further details)	
Educationa	l Visit	
(Please give	e further details)	
Other		
(Please give	e further details)	
Dates:	From:	To: = days:
I/we under	stand that my child(i	xpected to catch up on all work missed.
Signature o	of parent/carer:	
Please Note	۵۰	
		ve references to family holidays and extended leave
	-	ve of absence during term time unless there are
'exceptiona	al circumstances'.	
Please Note	a:	
		days.
الم مراسم حاط علام	- VEC/NO	Hoodtoochor
Authorised	: YES/NO	Headteacher