



**BLACKFRIARS PRIMARY SCHOOL**  
**NOTIFICATION OF EXTENDED LEAVE**



**(More than 4 weeks)**

*Please note that no homework will be provided during extended leave.*

NAME(S) OF PUPIL(S) \_\_\_\_\_ CLASS \_\_\_\_\_  
 \_\_\_\_\_ CLASS \_\_\_\_\_  
 \_\_\_\_\_ CLASS \_\_\_\_\_  
 \_\_\_\_\_ CLASS \_\_\_\_\_

DESTINATION \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_  
 \_\_\_\_\_

DATE OF DEPARTURE \_\_\_\_\_ DATE OF RETURN \_\_\_\_\_

VERIFIED BY SLT \_\_\_\_\_

**I UNDERSTAND THAT MY CHILD(REN) WILL BE REMOVED FROM THE SCHOOL ROLL IF THEY DO NOT RETURN ON THE DATE STATED, UNLESS THE HEAD TEACHER RECEIVES FURTHER NOTIFICATION. I AGREE TO ATTEND A BACK-TO-SCHOOL MEETING ON RETURN TO DISCUSS MY CHILD'S EDUCATION.**

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE

NO. OF DAYS REQUESTED \_\_\_\_\_

ACTUAL RETURN DATE \_\_\_\_\_

NO. OF SCHOOL DAYS MISSED \_\_\_\_\_