



TERM TIME HOLIDAY SUBMISSION FORM

Application for Term-Time Holidays for Students

Child/ren's Name		Parent Name:	
I wish to apply to take my child out of school for a term-time vacation:			
Date From	Date To:	Duration:	
Reason			
Signed:		Date:	

Please be aware that if at all possible vacations should not be taken during term-time. Taking an extended vacation or regular shorter vacations during term-time can have significant impact on a child's learning and progress. Should you choose to take your child out of school this may have an impact on the child's report grades and future learning, due to much learning being taught in sequence and regular revision of skills being required to move to long-term memory.

TABLE SHOWING THE IMPACT OF MISSING SCHOOL			
Period of Absence	Rate of Attendance	Equivalent School Missed if Repeated Each Year	Level of Educational Risk
Average of 5 Days per term	90%	1 Year	Classified as regular attendance (but not ideal)
1 Day Per Week	80%	2 Years	Indicated At-Risk
1.5 Days a week	70%	3 Years	Moderate Risk
2 Days Per Week	60%	4 Years	Moderate Risk
3 Days per Week	40%	6 years	Severe Risk
5 Weeks per term	50%	5 Years	Severe Risk

For Office Use Only:

Approved (V) : _____ Not Approved (K) : _____

