



BEACONSFIELD PRIMARY SCHOOL

Beaconsfield Road, Southall UB1 1DR

Email: admin@beaconsfield.ealing.sch.uk

Website: www.beaconsfieldprimary.org.uk

Tel: 020 8574 3506 Head Teacher: Mr D. Woods



APPLICATION FOR LEAVE OF ABSENCE

As a Parent / Carer with whom the child lives you should complete this form if you are requesting leave of absence during term time. **There is no entitlement to leave in term time** and Parents /Carers should not expect leave of absence to be granted as of right. Approval is discretionary and only in exceptional circumstances. It is possible in certain circumstances that your child could be removed from the school roll and you would need to reapply for a place on your return.

Please return the completed form to the Headteacher **no less than 4 weeks before** the date when you want the period of absence to start, stating your reasons for needing to take your child out of school during term time. The School operates a policy of not approving any leave during term time, other than in exceptional circumstances. Any leave taken is unauthorised and will likely result in a fixed penalty notice.

We are asked to WARN you that if you take your child out of school without authorisation the Local Authority has the power to issue Fixed-Penalty Notices of £120.

Pupil Name(s): _____

Pupil Class: _____

Home Address: _____

Home Telephone: _____

Mum Mobile: _____ Dad Mobile: _____

Destination Traveling To: _____

Reason for Applying for Leave of Absence _____

Date of Departure: _____

Return Date: _____

Total Number of School Day Absences Applied for : _____

Name of Parent: _____ Signature: _____

Your request for leave of absence for your child for _____ days is approved / not approved.

Your child will be expected to return to school on _____ failure to do so will result in any extra time being marked as **unauthorised absence**.

Signed: _____ Head Teacher Date: _____



HEALTHY SCHOOLS LONDON

