



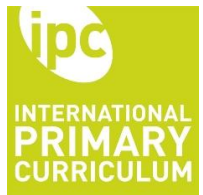
# BEACONSFIELD PRIMARY SCHOOL

Beaconsfield Road, Southall, Middlesex UB1 1DR

Tel: 020 8574 3506 Fax: 020 8843 9441

Email: admin@beaconsfield.ealing.sch.uk

Headteacher: 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 Head Teacher **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. Any leave taken is unauthorised and will likely result in a fixed penalty notice fine being issued.

**We are asked to WARN you that If you take your child out of school without authorisation the Local Education Authority has the power to issue Fixed-Penalty Notices of £50, rising to £100 if not paid within 28 days (Anti-Social Behaviour Act 2004).**

NAME OF CHILD -----	CLASS -----
ADDRESS -----	
Telephone -----	Parent / Carer Name -----
DESTINATION -----	
REASON FOR APPLYING FOR LEAVE OF ABSENCE.	
PROPOSED DEPARTURE DATE -----	
RETURN DATE -----	
TOTAL NUMBER OF SCHOOL DAY ABSENCES APPLIED FOR -----	
Name & Signature of Parents / Carer -----	Date -----
Your request for leave of absence for your child for ----- days is approved / not approved.	
Your child will be expected to return on -----. Failure to do so will result in any extra time being classified as Unauthorised absence.	
Signed-----	Head Teacher Date-----