Beechwood Primary School

Ambleside Close, Woodley, Berkshire, RG5 4JJ Tel: (0118) 969 5976 Website: www.beechwoodprimaryschool.com E-mail: office-beechwood@fraysacademytrust.org Head Teacher: Miss S E Hunter Executive Head Teacher: Mr C Cole



Application for Exceptional Leave of Absence

The Department for Education has advised schools to only authorise leave of absence in 'exceptional' circumstances, hence Beechwood Primary School will not approve any absence in term time, except in such circumstances. The Headteacher/Head of School will determine whether the reason given for requesting leave of absence is exceptional or not. Please also note that there is no automatic right to take holidays in term time nor will your child/children's overall attendance affect the Headteacher/Head of School's decision.

Please complete the section below and return to school at least 4 weeks before the requested absence. School will endeavour to respond to your request within 10 school days. If your request for leave of absence is approved your child will be expected to collect and complete all missed work. Please note that taking your child away during the school term is detrimental to their educational progress.

If leave of absence is taken without approval, a Penalty Notice may be issued without further warning. Payment of a Penalty Notice within 21 days is £80 per parent/carer per child; between 22 and 28 days it is £160. Penalty notices are issued to each parent, per child. Further details are available on the Wokingham Council website or from the Education Welfare Service. If the fine is not paid by the 28-day deadline, the matter may be taken to court.

Please think carefully before deciding to request exceptional leave.

Name of Pupil:	Date of Birth:						
				Clas	s/Year Group:		1
Address:					I		I
							I
Leave	From (d	ate):			To (date):		I
requested:							1
Reason for Excepti	ional Leav	e request: This	s must be com	pleted.	If the absence is for r	eligious observance, pl	ease
include the name a	and contai	ct details of you	ir place of wors	ship.			
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							ı.
							1
Name of Parent/	Carer:						1
							I
Address:							l
Signature:					Date:		l
							i.

Explore, Discover, Achieve



Name of Parent/Carer:		
Address:		
Signature:	Date:	

This is an example of the number of lessons your child will miss. Remember these will not be repeated.

1 days absence = 6 lessons missed

3 days absence = 18 lessons missed

1 weeks absence = 30 lessons missed

2 weeks absence = 60 lessons missed

Exceptional leave absences which have not been agreed by our school will be marked as unauthorised absences; these will be referred to the Local Authority's Education Welfare Officer for consideration of a Penalty Notice or other action.

For School Use:

Any previous Exceptional Leave (any Academic Year)	Yes/No*	No. of days:	
Meeting arranged with parent/carer	Yes/No	Date:	
Request authorised	Yes/No	Date:	