



Application for Leave of Absence during Term Time

This form should be completed **AT LEAST SIX WEEKS** before the date when you want the period of absence to start. A separate application must be completed for each child.

Name of	School		•				
Pupil's full name							
Address							
Form / C	lass Name						
Date of E	Birth			Year	Group		
Period of Absence							
From				То			
Number of school days						ool date	
Absence							
(if request is for a family holiday, please explain the exceptional circumstances why it MUST be in term time)							
For more information, controlled for debing neurals, October 1, and a breating. Depitering of Colored							
For more information: centralbedfordshire.gov.uk - Schools and education - Pupil support - School attendance - Holidays in term time							
Name	R	elationsh	in to n	Inil			
Signed							
Signed Date							
Please indicate if your child has siblings in our feeder schools:							
						0	
 Arnold Academy Harlington Upper School 			 Chalton Lower School Eversholt Lower School 				
		Greenfield & Pulloxhill Lower School				r Schools	
	fields Middle School sey Manor Lower School		 Greenheid & Fulloxinii Lower Schools Harlington Lower School 				
	toning Lower School		 Silsoe Lower School 				
			Sundon Lower School				
						George C of I	E School
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Decision Regarding Request for Leave of Absence in Term Time							
Number of days requested							
Absence request authorised							
Absent request unauthorised							
Absent request can be partly authorised							
Reason for decision							

Signed by Headteacher

Please Note: Absence for family holiday will only be considered in Exceptional Circumstances. Holiday absences which have not been agreed will be marked as unauthorised and may be referred to the Local Authority for a Fixed Penalty Notice. The Policy is regularly updated and amended to take into account Local Authority and National Guidelines. **Please do not book any holiday until the school has been consulted.**