

Child's Name:

City of Westminster St. Joseph's Catholic Primary School Headteacher: Dr. Ninette Fernandes Viana

Acting Deputy Headteacher: Mr Kevin Bowles

APPLICATION FOR LEAVE DURING TERM TIME

PARENTS SECTION (to be completed first)

Parents must ask permission for their child to be absent during term time, and it is at the Head Teacher's discretion to decide whether or not the absence will be authorised. If leave is taken without permission or no application is made, parents risk being issued with a Penalty Notice or being prosecuted on their return. Parents wishing to apply for their child to have leave from school should complete this form and return it to school for authorisation **at least two weeks** before the proposed leave.

Date of Birth:				
Full name of parent or				
guardian:				
Class				
Address of child:				
(Including postcode)				
Telephone number:				
Reason for request:				
Departure date:		Date		Date
	First day		Last day of	
	of absence		absence	
Has your child had leave since				
s/he started school?				
SCHOOL SECTION (To be compl				
Attendance	Current		Academic	
_	term		year	
AUTHORISED	YES		NO	
Reasons:				
1100001101				
Date of meeting with parent:				
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Head Teacher's signature:				
Please keep a copy for your school records and return this form via your EWO				
Please keep a copy for your school led	cords and return t	ilis lullii via ye	our EVVO	