



Pupil absence from school during term time request for authorisation

PART 1: TO BE COMPLETED BY THE PARENT

Pupil Name..... **Year Group/Class**.....

Home Address.....

First day of absence..... **Date of return to school**.....

Total number of days missed.....

Please enter the reason for absence from school in the box below

PARENT/CARER SIGNATURE _____ DATE _____

*I understand that **ABSENCE DURING TERM TIME IS NOT PERMITTED.***

I understand that if my child does not return to school on the date stated above I may risk losing my child's place at the school. I understand that the School Attendance Officer Mrs Laurel Theodosiou will be notified of Holidays taken and a penalty notice will be issued which can lead to a fine of £60 which increases to £120 if not paid within the first 28 days

PART 2: TO BE COMPLETED BY THE HEADTEACHER

Authorised *Your request has been authorised for the following dates*

----/----/---- TO ----/----/----

Unauthorised *Your request for leave of absence during term time has not been authorised. If you have any queries please speak to the school office.*

SIGNED _____ DATE _____

BENTHAL PRIMARY SCHOOL
Benthal Road, London N16 7AU
Tel: 020 8985 9310 Headteacher: Louise Drew
Email: office@benthal.hackney.sch.uk
www.benthal.hackney.sch.uk

The law requires schools to be open to pupils for 190 days each year, and every day is important. Please help them not to miss any of this valuable time



***School Attendance Officer
Mrs Laurel Theodosiou
Hackney Learning Trust
1 Reading Lane
London
E8 1GQ
02088207207***

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