

## **APPLICATION BY PARENT/CARER**

If you consider an absence during term time to be an exceptional circumstance, please complete this form and return it to the school office at least 15 school days before the date you wish to remove your child from school.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Name of Parent/Carer completing this form: \_\_\_\_\_

First day of absence: \_\_\_\_\_ Date of return to school: \_\_\_\_\_

If leaving your home address before the first day of absence, please provide the date on which you will leave \_\_\_\_\_

Total number of days missed: \_\_\_\_\_ days Reason for absence: \_\_\_\_\_

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*I understand that if the absence request is unauthorised the school may request that Cornwall Council issue a Penalty Notice. I understand that a Penalty Notice is issued to each liable parent/carer of each child taken out of school and that this carries a fine of £60 if paid within 21 days, increasing to £120 if paid within 28 days. I understand that if I do not pay the fine, it may result in legal action being taken against me. **I understand that parents have a duty to ensure their child's regular attendance at school and failure to do so is an offence under Section 444(1) and Section 444(1A) of the Education Act 1996.***

Signed ..... Dated .....

(Please ensure you give at least 15 school days' notice of the proposed absence)

**Below to be completed by the school and a copy returned to the parent:**

FAO – Headteacher

% Current	% Last Year	Comments

Student Name: ..... Class Teacher: ..... Year: .....

The status of your request for your child's absence from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ is :

**AUTHORISED:**

Request has been authorised for the following dates **only:**

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**UNAUTHORISED:**

Signed ..... Headteacher

Date \_\_\_ / \_\_\_ / \_\_\_

Letter sent / Phone Call / other	Signed:	Date:
Action: PN Request	Signed:	Date: