

## Absence Request – 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 Attendance Office at least 15 school days before the date you wish to remove your child from school.

Student Name:		DOB:
Year/Tutor Group:		
Home Address:		
Post Code:		
Name of Parent/Carer co	npleting this form: _	
If leaving your home add		Date of return to school: lay of absence, please provide the date on which
Total number of days miss	sed: days	
Reason for absence:		

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 £80 if paid within 21 days, increasing to £160 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.

Please inform us if you have a child in another Cornwall Education Learning Trust school – we will need to contact the school to discuss the absence request. Please note, we will need to share information about your child with the other school.



Name of child:			Year:
Name of Schoo	ol:		
Signed: (Please ensure	you give at	least 15 schc	Dated: ool days' notice of the proposed absence)
Below to be co FAO – Headtea	ompleted by		
Current %	Last Year	% Corr	nments
Student Name	:		Year/Reg:
UNAUTHORISE	./ to :D:	o/_	Ilowing dates only: /
Signed: Date:			Headteacher:
Letter sent / F / Other	hone call	Signed:	Date:
Action: PN Re	quest	Signed:	Date: