

**APPLICATION BY PARENT/CARER (to be completed by each parent/carer)**

If you consider an absence during term time to be an exceptional circumstance, please complete this form and return it to the Academy Head (via School Office) **at least 15 school days** before the date you wish to remove your child from school.

**Pupil Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Year/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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that if the absence request is unauthorised the school may request that Suffolk 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 £180 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 if a further Penalty Notice is issued (within 3 Years), it carries a fine of £160 per parent. **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 local 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 \_\_\_\_\_ School \_\_\_\_\_

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

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

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***Below to be completed by the school:***

FAO – Academy Head

% Current	% Last Year	Comments

Pupil Name: ..... Tutor: ..... Year: .....

**0 AUTHORISED:**

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

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

**0 UNAUTHORISED:**

Signed ..... Academy Head                      Date \_\_\_ / \_\_\_ / \_\_\_

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