

Blackwater CP School

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 Reception Office at least 15 school days before the date you wish to remove your child from school.

Pupil Name:	DOB:	Year group:	
Home Address:			
Post Code:			
Name of Parent/Carer completing	{ this form:		
First day of absence:			
Date of <u>return</u> to school:			
If leaving your home address befo will leave	re the first day of al	bsence, please provide the date on which	you
Total number of days missed:	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 also understand that if my child is further absent from school without authorisation within any 3-year period, I will be committing a further offence under the Education Act 1996. Which may result in a further request to Cornwall Council for a Penalty Notice to be issued, in accordance with Sections 444A and 444B of the said Act. Penalty

Notices for a second offence are and each carry a fine of £160,

issued per liable parent, per child payable within 28 days. I

understand that fines are per parent and will be capped to two fines within any threeyear period. Once this limit has been reached, I understand that other action such as a parenting order or prosecution will be considered.

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				Date	ed			
(Ple	ease ensure yo	u give	at least 15 sch	ool days' notice o	f the proposed absence)			
Below to	be complet	ed by	the school	·				
FAO – He	adteacher							
% Current	% Last Year	Comments						
Pupil Name	ə:				Year:			
□ AUTHO	RISED:							
Request ha	as been authori	ised fo	r the following	dates <u>only:</u>				
//_	to /	_/	_					
□ UNAUTI								
				ing dates only:				
_	to/	_/						
Total days authorised								
Total days unauthorised								
Signed		••••••		Headteacher	Date / /			
Letter sen other	nt / Phone Call /	/	Signed:		Date:			
Action: PN Request on pupil return		Signed:		Date:				