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| --- | --- | --- | --- |
| **APPLICATION BY PARENT/CARER** | | | |
| **Pupil’s Name:** | | | |
| **DOB**: | | **Tutor Group**: | |
| **Home Address**: | | | |
| **Name of Parent/Carer completing this form**: | |  | |
| **First day of absence**: |  | **Date of return to school**: |  |
| **If you will be leaving your home address before the first day of absence, please provide the date on which you will leave**: | | | |
| **Total number of school days missed**: **days** | | | |
| **Reason for absence:** | | | |
| **If the leave is for a medical/health appointment, please provide supporting evidence for the appointment. Personal medical information can be redacted from the form.** | | | |
| 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 (or £160 with no option to pay the lower amount if it is the 2nd penalty notice within a rolling 3-year period). 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**: | |

*Please ensure you give at least 15 school days’ notice of the proposed absence*

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| **TO BE COMPLETED BY THE HEADTEACHER** | | |
| **Pupil’s Name** | **Dates of Leave Requested** | **Current Attendance %** |
|  |  |  |

**The leave request is:**

## AUTHORISED 

## UNAUTHORISED 

**Headteacher’s Signature:**

**Date:**

|  |  |
| --- | --- |
| **OFFICE USE** | |
| **Date parent/career informed of decision:** |  |
| **Informed by:** |  |