

PUPIL LEAVE OF ABSENCE FORM

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:	