***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 u*nderstand 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)

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: