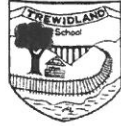




Trewidland School



Trewidland, Liskeard,

Cornwall PL14 4SJ

Headteacher: Mr. V Lovell Tel: 01503 240275  
Email: head@trewidland.cornwall.sch.uk

**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 School Office at least 14 days before the date you wish to remove your child from school.

Student Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Parent/Carer Name(s): \_\_\_\_\_  
 First day of absence: \_\_\_\_\_ Date of return to school: \_\_\_\_\_  
 Total number of days missed: \_\_\_\_\_ days  
 Reason for absences: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I understand that if the absence request is unauthorised the Education Welfare Service may be notified of the absence and a Penalty Notice may be issued. I understand that a Penalty Notice is issued to each parent/carer of each child taken out of school and that this carries a fine of £60 if paid within 21 days, increasing to £120 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. **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) of the Education Act 1996.***

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

*(Please ensure you give at least 14 days' notice of the proposed absence)*

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

FAO – Headteacher

% Current	% Last Year	Comments

Student Name: ..... Tutor:..... Year:.....

**AUTHORISED:**

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

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

**UNAUTHORISED:**

Signed ..... Headteacher Date \_\_\_ / \_\_\_ / \_\_\_

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

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