



Leave of Absence Request

If you consider an absence during term time to be an exceptional circumstance, please complete this form and return it to reception or email to enquiries@tretherras.net at least 14 days before the date you wish to remove your child from school.

Student Name:		Yr/Tutor Group:	
Home Address:			
Post Code:			
Parent/Carer Name:			
Contact tel no:	Email address:		

First day of absence:	Date of return to school:
Total number of school days missed: _____ days.	
Reason for absence (please give details of the exceptional circumstances):	

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: _____ Print Name: _____ Date: _____



NEWQUAY TREHERRAS

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Trevenson Road Newquay Cornwall TR7 3BH

Tel: 01637 872080 enquiries@tretherras.net

www.tretherras.net

Headteacher: Mrs Samantha Fairbairn B.A. (Hons)

Deputy Headteacher: Ms Sarah Goswell B.Ed (Hons)

Below to be completed by the school:

FAO – Headteacher

% Current	% Last Year	Comments

Student Name: _____ Yr/Tutor: _____

AUTHORISED:

Request has been authorised for the following dates ONLY:

_____ to _____

UNAUTHORISED:

Signed: _____ Date: _____

Letter/Email sent	Signed:	Date:
Action: PN Referral	Signed:	Date: