

HELSTON COMMUNITY COLLEGE

LEAVE OF ABSENCE REQUEST FORM

Please return this form to the Attendance Office

Student Name:.....TG:.....

Home Address:.....Post Code:.....

Name of Parent/Carer:.....

First day of absence:.....Date of return to College:.....

Total number of College days missed:.....

Reason for absences:.....

.....

.....

Name(s) of Sibling(s).....

Attending (name of school).....

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/carers of each child taken out of College, 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**

Signature of parent/guardian.....Date:.....

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

To be completed by HCC

TO: ATTENDANCE OFFICE

Student Name:.....TG:.....

Current %.....% Last Year.....Comments:.....

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

Request has not been authorised because:.....

Headteacher signature:.....Date:.....

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Parent informed by.....on.....

Referral for PN by.....on.....