**REQUEST FOR AUTHORISATION OF STUDENT ABSENCE FROM ORMISTON SUDBURY ACADEMY**

**HOLIDAYS WILL NOT BE AUTHORISED**

***\*\*\* Student to hand completed form to THE ATTENDANCE OFFICE for the attention of the Principal \*\*\****

Name of Child(ren) Date of Birth Year/Tutor Group

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I, being the parent/carer of the above child/ren, request that you consider authorising my child/ren to be absent from the Academy for the following reason(s):

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Requested period of absence from: .................................................... to........................................................

Reason for considering the absence as **authorised**:

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**Please be aware that if this period of absence remains unauthorised, you may be liable for a Fixed Penalty Notice (FPN) from Suffolk County Council (SCC) at £60 per parent. It is at the Academy’s discretion whether to refer to SCC for a FPN.**

**Details of Brother(s) / Sister(s) at Primary School for whom a similar request is being made:**

Name of Child(ren) Date of Birth Current School

This form should be completed by the parent and forwarded, with as much notice as is possible, to the Principal, c/o the Attendance Office.

Signature of Parent/Carer: ................................................................................ Date: .....................................

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***For OSA Attendance Officer use only***

Attendance level to date this year (and last year, if at OSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling school request/response check (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Decision to Authorise YES / NO**

**Decision to refer for FPN YES / NO**

**Ormiston Sudbury Academy – Request for Authorisation of Student Absence**

**Parent/carer to complete**:

Name of Student(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tutor Group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal to complete:**

The Academy is / is not able to authorise absence for the above-mentioned student(s) as detailed on your request for the following reason(s):

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you wish to discuss this further, please contact me on – Tel: 01787 375131**