



**Ormiston  
Sudbury  
Academy**

Ormiston Sudbury Academy  
Tudor Road  
Sudbury  
Suffolk  
CO10 1NW

Tel: 01787 375131  
Email: contact@ormistonsudbury.co.uk  
Website: ormistonsudburyacademy.co.uk  
Principal: Mrs S Morris, BSc Hons, ARCS, MBA

**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

<u>Name of Child(ren)</u>	<u>Date of Birth</u>	<u>Year/Tutor Group</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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):

.....  
.....

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

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

.....  
.....  
.....  
.....

**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) per parent per child. 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:**

<u>Name of Child(ren)</u>	<u>Date of Birth</u>	<u>Current School</u>
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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: .....



**Artsmark  
Alliance  
Platinum Award**



**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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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):

\_\_\_\_\_

\_\_\_\_\_

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

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