

**PENALTY NOTICE PROFORMA**

**Request for SBC to issue a Fine (Penalty Notice) or Warning of fine**

**SCHOOLS – It is mandatory to complete the form completely and accurately. Failure to do so will result in the form being returned.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School Name:** | | | | | |
| **Pupil Details:** | Year group: | | Date of Birth: | | Ethnicity: |
| Name | | | | | |
| Address | | | | | |
| **Parent/Carer details (1):** | | Mr, Mrs, Miss, Ms, other – please specify | | | |
| Name (**must** include first name and surname in full of parent/carer) | | | | | |
| Address *(if different to above-by completing this parents’ details you are confirming that, aside from PR, the parent is actively involved in the child’s school attendance)* | | | | | |
| Telephone numbers: Home | |  | | | |
| Mobile | |  | | | |
| **Parent/Carer details (2):** | | Mr, Mrs, Miss, Ms, other – please specify | | | |
| Name (**must** include first name in full of parent/carer) | | | | | |
| Address *(if different to above-by completing this parents details you are confirming that, aside from PR, the parent is actively involved in the child’s school attendance)* | | | | | |
| Telephone numbers: Home | |  | | | |
| Mobile | |  | | | |
| **PLEASE SELECT ONE and attach a copy of the attendance certificate in both cases:**  **PN WARNING REQUEST 🗌**  10 unauthorised sessions of absence over a 12 week period. Provide details of any relevant information and interventions taken by school if applicable  **PN (FINE) REQUEST 🗌**  **Dates of absence:** ………………………………………………………………..  10 consecutive sessions of unauthorised absence, code G. Please attach copy of “leave of absence” request completed by parent/s | | | | | |
| **Declaration:** I confirm that the details contained on this form are true to the best of my knowledge and belief. | | | | | |
| Signed (Headteacher): | | | | Please print name: | |
| Completed by (school attendance): | | | | Please print name: | |
| Date: | | | |  | |
| **LA Office Use;** | | | | | |
| Signed (Attendance/CME Officer at SBC): | | | | Please print name: | |
| Date: | | | |  | |