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**PENALTY NOTICE and WARNING PERIOD PROFORMA**

**REQUEST FOR: SBC to issue a Penalty Notice/Fine (PN) for Unauthorised Holiday & Warning Period (WP) for Unauthorised Absences**

**CRITERIA:**

**Penalty Notice requires 10 consecutive sessions (5 days) or more of unauthorised absence Code G**

**Warning Period requires 10 sessions of unauthorised absences in any 12 week period (Combination of Codes- O, G, U)**

*It is mandatory to complete the form accurately (see Guidance & Completion notes). Failure to do so will result in the form being returned.*

***Remember :Schools MUST send the form electronically and only 1 proforma per email***

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| **1. School Name:** | | | | | |
| **2. Pupil Details:** | Year group: | Date of Birth: | | Ethnicity: | |
| Name: FSM: Yes……… No……….  EHCP: Yes……. No……….  CP/CIN: Yes….. No……….  Name of any agencies involved:………………………….. | | | | | |
| Address (address has been confirmed with parent or pupil) | | | | | |
| **3. Known Siblings** - Sibling name/s and School name/s they attend | | | | | |
| **4. Parent/Carer A: Name/Address/Contact** | | | **5. Parent/Carer B: Name/Address/Contact** | | |
| **Please confirm whether or not both parents are to be issued a warning letter/fine, Yes/No (delete as appropriate)** | | | | | |
| **Yes / No** | | | **Yes / No** | | |
| Mr, Mrs, Miss, Ms, other- please specify  …………….  First name and Surname in full (no initials)  …………………………………………………….  Full address & Postcode – (if different to above)  …………………………………………………………  Telephone Number ………………………………  Email …………………………………………….. | | | Mr, Mrs, Miss, Ms, other- please specify  …………….  First name and Surname in full (no initials)  …………………………………………………….  Full address & Postcode – (if different to above)  …………………………………………………………  Telephone Number ………………………………  Email …………………………………………….. | | |
| **6. PLEASE SELECT ONE:**  **a) WARNING PERIOD REQUEST 🗌**  10 unauthorised sessions of absence over a 12 week period.  **b) PN (FINE) REQUEST 🗌**  **Dates of absence for issue of PN:**  From:……………………………… To:………………………… Number of school days missed …………  10 consecutive sessions of unauthorised absence, code G  \**Please attach the latest attendance certificate for each request. See checklist below* | | | | | |
| **7. Checklist for schools prior to submitting referral to SBC;**   * 1. Copy of latest registration certificate - attached (6a & b)   2. Copy of Leave of absence/holiday request from parent - attached (6b only)   3. Copy of schools response to the leave request - attached(6b only)   4. Provide background of absences and school action/support to date (6a only)   5. All sections of the form have been completed in full | | | | | |
| **8. Declaration:** I confirm that the details contained on this form are true to the best of my knowledge and belief. I authorise SBC to issue a Fixed Penalty Notice as per the information provided on this form. | | | | | |
| Completed by (designated school officer): | | Please print name: | | | Date: |
| Signed & Authorised by (Headteacher): | | Please print name: | | | Date: |
| **9. LA Office Use; First offence(PN) \_\_\_Second Offence(PN)\_\_\_\_Third Offence(PACE)\_\_\_** | | | | | |
| Signed (Attendance/CME Officer): | | Please print name: | | | Date: |

**IMPORTANT: Referrals that are incomplete or have any errors will be returned to the school**