

**ATTENDANCE & EXCLUSION TEAM
PENALTY NOTICE REFERRAL FORM**

CONFIDENTIAL

PUPIL DETAILS

Name of Pupil: _____ School: _____
Date of Birth: _____ Year Group: _____ M/F: _____ Date of Referral: _____
Name of Parent/Carer: _____ Telephone No: _____
Address: _____
Postcode: _____
Ethnicity: _____ LAC: FSM: SEN Status: _____
Referred by: _____ Position within School: _____

SCHOOL ACTION PRIOR TO REFERRAL
(Please state school action taken to improve attendance and outcome)

REASON FOR REFERRAL

- Truancy Patrol Date:
Unauthorised leave for the purpose of a family holiday in term time (must be a minimum of 10 unauthorised sessions code G):
 From: _____ To: _____
 10 unauthorised sessions absence within six week period:
From (W/C): _____ To (W/E): _____

Declaration:

I confirm that the details contained on this form are true to the best of my knowledge and belief.

Signed: _____ (Head Teacher/Principal) Date: _____
Name: _____

Please attach an up to date printout of attendance.

Please return this form to the Attendance & Exclusion Team, Engagement & Learning Team, 1st Floor Kingsway House, West Precinct, Billingham, TS23 2NX - Tel: 01642 528732 - Fax: 01642 527183

FOR OFFICE USE ONLY:

Date Received: _____ Printout attached: Yes No
AO Initials: _____ Proceed: Yes No