



PENALTY NOTICE REFERRAL FORM

This form provides you with the opportunity to provide information and make a referral for a Penalty Notice for unauthorised term time leave without permission or persistent absenteeism.

Name and Designation of Referrer:	
Name of School:	
School Address:	

PLEASE INCLUDE DETAILS OF ALL CHILDREN BELOW, IF REFERRAL IS FOR SIBLING GROUP.

Child’s First Name:		Last Name:	
Child’s Date of Birth:		Year Group:	
Statutory School Age:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity:	
Home address: <i>(verified prior to referral)</i>			
LA allocated worker - name and contact:		Home Borough:	

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Name of Parent/Carer :	
Home address: (if different to child)	
Telephone:	
Email address:	
Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Name of Parent/ Carer :	
Home address: (if different to child)	

PLEASE NOTE, HOME ADDRESS MUST BE VERIFIED PRIOR TO SUBMISSION IN ORDER FOR THIS REFERRAL TO BE PROCESSED.

Telephone:	
Email address:	
Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No

UNAUTHORISED TERM TIME LEAVE WITHOUT SCHOOL PERMISSION:

PLEASE COMPLETE THIS SECTION – 1

(IF YOUR REFERRAL IS FOR PERSISTENT ABSENTEEISM, PLEASE DO NOT COMPLETE AND SKIP TO THE NEXT SECTION - 2)

Checklist of required information for Unauthorised Term Time Leave referral:	Tick
a. Referral meets threshold for Local Authority consideration of issuing a Penalty Notice. Please see PN Code of Conduct.	<input type="checkbox"/>
b. Attendance certificates of previous and current academic years included. Certificates containing N codes beyond 5 school days of the date or missing marks will not be accepted.	<input type="checkbox"/>
c. Attendance certificates of siblings in referral included, where appropriate. Certificates containing N codes beyond 5 school days of the date or missing marks will not be accepted.	<input type="checkbox"/>
d. School considered history of previous leave taken in term time and past record of attendance.	<input type="checkbox"/>
e. Evidence of communication with parents (e.g. request for term time leave / letter declining leave / notification of Penalty Notice referral).	<input type="checkbox"/>
f. Supporting evidence, if available (e.g. flight details / medical evidence/reports / email correspondence / meeting notes / telephone calls).	<input type="checkbox"/>
g. For known siblings attending other Westminster schools - Has communication taken place between schools regarding Penalty Notice referrals being submitted by both/all schools.	<input type="checkbox"/>

Period of absence for which Penalty Notice is requested	First date of absence:	Last date of absence:	Number of missed sessions:
Please note: Referral must be submitted within 4 weeks of the last date of absence (excluding school holidays). Please note: Referral cannot be submitted until the child has safely returned to school.	xx/xx/2024	xx/xx/2024	xx

SCHOOL ACTIONS

Chronological summary of actions taken before and after child returned to school

For example, details of parent meeting / phone call / letter / email / home visit etc.

PARENT / CARER RESPONSE

Summary of parent/carer's response to Penalty Notice Referral

Please note: School must inform parents of referral to Local Authority.

PERSISTENT ABSENTEEISM:

PLEASE COMPLETE THIS SECTION – 2

*(IF YOUR REFERRAL IS FOR UNAUTHORISED TERM TIME LEAVE WITHOUT PERMISSION,
PLEASE DO NOT COMPLETE AND SKIP TO THE PREVIOUS SECTION – 1)*

Checklist of required information for Persistent Absenteeism referral:	Tick
a. Referral meets threshold for Local Authority consideration of issuing a Penalty Notice. Please see PN Code of Conduct.	<input type="checkbox"/>
b. Attendance certificates of previous and current academic years included. Certificates containing N codes beyond 5 school days of the date or missing marks will not be accepted.	<input type="checkbox"/>
c. School considered past record of attendance.	<input type="checkbox"/>
d. Supporting evidence, if available (e.g. CPOMS record / SIMS comments / medical evidence/reports).	<input type="checkbox"/>
e. Evidence of communication with parents (e.g. letters / meeting notes / email correspondence / telephone calls / notification of Penalty Notice referral).	<input type="checkbox"/>
f. Evidence of consultation with other professionals (e.g. Attendance Team / EH Access Manager).	<input type="checkbox"/>
g. Evidence of support offered and actions taken by school to resolve concerns (e.g. attendance letter / invitation to meeting / attendance contract / referrals).	<input type="checkbox"/>

Period of absence for which Penalty Notice is requested	First date of absence:	Last date of absence:	Number of missed sessions:
Please note: Referral must be submitted within 2 weeks of the last date of absence (excluding school holidays). Please note: The first date and last date of absence must be within a rolling period of <u>10 school weeks</u>.	xx/xx/2024	xx/xx/2024	xx

SCHOOL ACTIONS

Chronological summary of actions and support offered by school to improve attendance

For example, details of parent meeting / attendance contract / phone call / letter / email / home visit / referrals / consultation with other professionals etc.

PARENT / CARER RESPONSE

Summary of parent/carer's response to Penalty Notice Referral

Please note: School must inform parents of referral to Local Authority.



Signature:
Date:

ONCE COMPLETED PLEASE RETURN THIS REFERRAL FORM WITH ALL SUPPORTING EVIDENCE VIA EMAIL TO: penaltynotice1@rbkc.gov.uk

Please expect a response to this referral within 10 working days of submission.

Please note – Referrals which are received containing material errors / incorrect information / missing or lack of information, will not be accepted and will be returned for the outlined amendments to be made by a specified date (statutory timescales permitting). We will then only accept one further submission for the amended Penalty Notice referral.