

Family and Children’s Services, Early Help for Families

Malton Road Hub, 2-4 Malton Road, London W10 5UP

Bi Borough Executive Director of Children’s Services

Sarah Newman

**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:** |  [ ]  **Yes No** [ ]  | **Ethnicity:** |  |
| **Home address:** (verified prior to referral) |  |
| **LA allocated worker - name and contact:** |  | **Home Borough:** |  |
|  |
| **Name of Parent/Carer :** |  |
| **Home address:** (if different to child) |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Parental Responsibility:** | [ ]  **Yes** [ ]  **No** |
|  |
| **Name of Parent/ Carer :** |  |
| **Home address:** (if different to child) |  |
| **Telephone:** |  |
| **Email address:** |  |
| **Parental Responsibility:** |  [ ]  **Yes** [ ]  **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** |
| 1. **Referral meets threshold for Local Authority consideration of issuing a Penalty Notice.** Please see PN Code of Conduct.
 | [ ]  |
| 1. **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.
 | [ ]  |
| 1. **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.
 | [ ]  |
| 1. **School considered history of previous leave taken in term time and past record of attendance.**
 | [ ]  |
| 1. **Evidence of communication with parents** (e.g. request for term time leave / letter declining leave / notification of Penalty Notice referral).
 | [ ]  |
| 1. **Supporting evidence, if available** (e.g. flight details / medical evidence/reports / email correspondence / meeting notes / telephone calls).
 | [ ]  |
| 1. **For known siblings attending other Westminster schools - Has communication taken place between schools regarding Penalty Notice referrals being submitted by both/all schools.**
 | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.*** |
|  |

**SECTION 1**

|  |
| --- |
|  |

**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** |
| 1. **Referral meets threshold for Local Authority consideration of issuing a Penalty Notice.** Please see PN Code of Conduct.
 | [ ]  |
| 1. **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.
 | [ ]  |
| 1. **School considered past record of attendance.**
 | [ ]  |
| 1. **Supporting evidence, if available** (e.g. CPOMS record / SIMS comments / medical evidence/reports).
 | [ ]  |
| 1. **Evidence of communication with parents** (e.g. letters / meeting notes / email correspondence / telephone calls / notification of Penalty Notice referral).
 | [ ]  |
| 1. **Evidence of consultation with other professionals** (e.g. Attendance Team / EH Access Manager).
 | [ ]  |
| 1. **Evidence of support offered and actions taken by school to resolve concerns** (e.g. attendance letter / invitation to meeting / attendance contract / referrals).
 | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 10 school weeks.** | **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.*** |
|  |

**SECTION 2**

|  |
| --- |
|  |

|  |
| --- |
| 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.***