

**SCHOOL ATTENDANCE PANEL INFORMAL MEETING
ACTION PLAN – APPENDIX 9**

<p>Name of Child:</p> <p>DOB:</p> <p>School:</p> <p>Class:</p> <p>Current Attendance: %</p> <p>Authorised: % Unauthorised %</p>	<p>Date of Meeting:</p> <p>Venue:</p> <p>Attended by: D Pearson (Senior Leadership Attendance Member) A Howells (Attendance Officer) Parent/Guardian:</p>
---	---

Issues raised:

Key Actions:	By Whom:	Timescale:
➤	➤	➤
➤	➤	➤
➤	➤	➤
➤	➤	➤

Further Comments:

Signed by:

.....

Attendance Officer Attendance Leadership Member Parent/Guardian

Date

**SUTTON ON SEA CP SCHOOL
 PATIENT CONSENT FORM – APPENDIX 10(a)
 FOR ANOTHER PERSON TO ACCESS THEIR MEDICAL RECORDS**

Patient's Details (The person whose records another individual (s) is to be given access to)	
Surname	
First Names	
Date of Birth	
Male / Female	
Address	
Tel No:	

Details of person to be given access to this Patient's Information	
School Name	SUTTON ON SEA CP SCHOOL
Address:	Station Road, Sutton on Sea, Lincolnshire, LN12 2HU
Contact Name:	Mrs A Howells (Attendance Officer)
Telephone:	01507 441319 option 5

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Please detail below if the above access is to be limited in any way (e.g. only for test results, or only for making & cancelling appointments, or for a specified time period only)

I confirm that I give permission for the Practice to communicate with the person identified above in regards to my child's medical records.	
Signature (Parent/Guardian)	
Date	

**SUTTON ON SEA CP SCHOOL
LETTER TO GP REQUESTING MEDICAL EVIDENCE
APPENDIX 10(b)**

Dear Dr/Sirs

RE: YOUR PATIENT (NAME OF CHILD)

OF (ADDRESS)

I am the Attendance Officer at Sutton on Sea CP School. The above named patient of your practice is a registered pupil at our school currently in Year (*). I am investigating issues surrounding the failure of the parent(s) of the said pupil to ensure his/her regular attendance at school. The matter is likely to be referred to the Local Authority to consider the question of issuing criminal proceedings as attempts by the school to address attendance issues has not resulted in any improvement. I enclose herewith a consent form signed by the parent of the above pupil to authorise the release of medical information to the school.

One of the explanations raised by the parent(s) has been that the said pupil has been unfit to attend school by reason of ill-health and I wish to investigate this fully before submitting a file for prosecution to the Local Authority. I would therefore be grateful if you could respond in writing to the questions below as soon as possible as this will enable those dealing with the case to make an informed decision about how best to proceed and to ensure that we get this child back into education on a full-time basis. It will also hopefully negate the need to call you as a witness in any subsequent criminal proceedings.

I have enclosed a printout of this child's school attendance and all those half days marked with an "O" represent an unauthorised absence. The child's overall attendance rate at present is only (percentage). Could you comment on whether:

1. There are any medical reasons of which you are aware which would account for this child's rate of attendance at school?
2. When you or another practitioner at your practice last saw this patient and what the medical issue was.
3. To the best of your knowledge is this child medically fit to attend school on a regular basis?
4. If there is a medical issue is there anything the school could do in terms of adjustments to improve this child's level of school attendance?
5. Does the problem that this child has amount to a disability within the meaning of the Equality Act 2010?

I am grateful for your assistance in this matter which will be extremely helpful in resolving the attendance issues being addressed by the school.

Yours faithfully/sincerely



Leave of Absence Request Form

Schools using Fixed Penalty Notices – APPENDIX 11

Full school attendance is vital for your child's educational progress and the local authority expects all parents and carers to ensure their children attend school whenever possible.

Lincolnshire schools strongly discourage term time holidays. Parents and carers do not have any right to have leave of absence during the term and if the request is refused the absence will be unauthorised and may be considered for a Fixed Penalty Fine. **Please note Year 6 SATs week should be avoided (Normally the 2nd/3rd week of May)**

PARENTS AND CARERS SHOULD BE AWARE THAT AGREED LEAVE OF ABSENCE FOR TERM TIME HOLIDAYS CAN TRIGGER MONITORING LETTERS OF ATTENDANCE FROM THE SCHOOL AND COULD ALSO RESULT IN A FIXED PENALTY NOTICE.

This form should be completed a minimum of **2 weeks before** the required date and should include details of all children.

NAME	CLASS

I request that my child/children have authorised absence

FROM: (1st day absent from school)	
TO: (1st day back at school)	

Please specify reason why absence needs to be in term time particularly if absence is for a holiday. A meeting with the Headteacher will be required to discuss this leave of absence request form.

I understand that if my request is denied and my child is absent during this period the absence will be unauthorised.

Signed:		Parent/Guardian	Date:	
----------------	--	------------------------	--------------	--

Leave of absence agreed / refused for the following reason (if this leave of absence is taken when refused it will be coded as unauthorised and will be passed over to our Education Welfare Service for consideration of a fixed penalty notice).

Signed:		Headteacher	Date:	
----------------	--	--------------------	--------------	--