**SCHOOL NAME AND LOGO**

# School Attendance Meeting Record Template

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| **Meeting**  **Type:** |  | **Date:** |  |
| **School:** |  |
| **School Representatives Full Name and Position:** | |  | |

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| **Name of Pupil(s)** | | | | | | | **DOB** | | **Current**  **Yr** | | **Attendance**  **%** | | | **Present**  **Y/N** | | |
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| **Address of Pupil(s)** | | | | | | | | | | | | | **Language** | | | |
| **Postcode:** | | | | | | | | | | | | |  | | | |
| **Parent(s)/Carer(s) full names (including other adults living at pupil(s) address)** | | | **Relationship to student / PR Y/N** | | | **Address**  **(if different from pupil’s address)** | | | **Tel No** | | | **DoB Present?**  **Y/N** | | | | |
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| **Siblings** | | | **DOB** | | | **School** | | | | | | | **Attendance Concern?** | | | |
| **Y/N** | | **%** | |
|  | | |  | | |  | | | | | | |  | |  | |
|  | | |  | | |  | | | | | | |  | |  | |
| **Doctors Name** | | | **Practice/Surgery Address** | | | | | | | | | | | | | |
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| **Others Present at Meeting** | | | | **Title** | | | | | | **School/Agency** | | | | | | |
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| **Circulation:**  Parent(s)/Carer(s) | X | School (as above) | | | X | Other (please specify) | |  | | | | | | | | |

**POINTS DISCUSSED:**

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| Are parent(s)/carer(s) aware of absences?  Has child been at home when absent?  Any known harbouring addresses? | | |
| **Medical Issues?** |
| |  | | --- | | Is there a diagnosed medical issue? School Nurse Referral Agreed Yes/No  Consultant’s name: GP/DR Appointment advised Yes/No | | | |
| **School Input** | |
| Is pattern of attendance affecting attainment/grades?  Are there any issues in specific subjects?  Any concerns regarding coursework or outstanding homework? | | |
| **Behavioural Concerns?** | | |
| Any seclusions or exclusions?  Any internal arrangements?  Are there behaviour issues at home? | | |

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| **Friendship Issues / Bullying Incidents?** |
| Have issues been reported to and investigated by the school – when, who to and who by?  Diary of incidents? |
| **Transport Issues?** |
| |  | | --- | | How far do you live from school? How do you travel to school?  Do you pay for transport? Why is child attending here rather than school closer to home? | |
| **Are other agencies involved with family? Has a CAF been completed?** |
| **Has pupil been absent due to Religious Observance?** |
| **Is pupil a carer for a family member?** |

**Extended Notes:**

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| School Attendance Meeting Agreement **Names of Parent(s)/Carer(s):**  **Date of Agreement:**  Understand the purpose of this agreement and agree(s) to follow the actions listed below to improve the attendance at school of:  **Name(s) of Pupil:**  **Date of Birth:**  It has been explained that there must be a significant improvement in the attendance at school of the above named pupil and if further unauthorised absences occur the Local Authority may proceed with the issue of penalty notices or legal action under s444(1) or (1a) of the Education Act 1996 which would result in prosecution at the Peterborough Magistrates Court. |
| Actions to be carried out by Parent(s)/Carer(s) and Pupil:   * Ensure that the above named pupil attends the school/educational provision regularly, on time, as per their timetable. * Maintain regular contact with school staff to discuss any concerns or further issues that may affect attendance at school. * Contact the school to explain all absences. * Provide medical evidence/appointment cards to enable the school to record absences as authorised. * Ensure that the school have a current address and contact telephone number/email address in case of emergency. * Ensure that appropriate school uniform is provided and worn. * Make every effort to return the above named pupil to school should there be any truancy.   Consent is given to the Attendance Service for information regarding this meeting and attendance concerns to be shared with other agencies as appropriate.     |  |  |  | | --- | --- | --- | | **Pupil(s) signature(s):** |  |  |  |  |  |  | | --- | --- | --- | | **Parent(s)/Carer(s) signature(s):** |  |  | |
| **Actions to be carried out by School Staff:** |
| * Contact parent(s)/carer(s) by telephone or email if pupil fails to attend school and no contact is received from parent/carer. * Continue to monitor until regular attendance is established or arrange further meetings and take further action if necessary. * Early Help Assessment to be started if appropriate * Arrange for this document to be provided to the Parent(s)/Carer(s) and the school. |
| **Signature(s) of all school staff present at meeting (Insert name and designation):**   |  |  |  | | --- | --- | --- | | **Name** | **Designation**  **(i.e. Attendance Lead)** | **Signature** | |  |  |  | |  |  |  | |  |  |  |     **Signature(s) of others present at meeting (Insert name and designation):**   |  |  |  | | --- | --- | --- | | **Name** | **Designation**  **(i.e. Interpreter)** | **Signature** | |  |  |  | |  |  |  | |  |  |  |      |  |  | | --- | --- | | **Date of Meeting** |  | |
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