**ANNEX C: COVID Related Absence Referral (CARR) Form**

CRITERIA: 15 days of school missed due to Covid related absence

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| **1. School Name:** |
| **2. Pupil Details:** | Year group: | Date of Birth: | Ethnicity: |
| Name:  |
| Address (address has been confirmed with parent or pupil) |
| **3. Known Siblings** - Sibling name/s and School name/s they attend |
| **4. Parent/Carer A: Name/Address/Contact** | **5. Parent/Carer B: Name/Address/Contact** |
| **Please confirm whether or not both parents are to be addressed re: poor attendance Yes/No (delete as appropriate)** |
| **Yes / No** | **Yes / No** |
| Mr, Mrs, Miss, Ms, other- please specify…………….First name and Surname in full (no initials) …………………………………………………….Full address & Postcode – (if different to above)………………………………………………………Telephone Number …………………………….Email ………………………………………….. | Mr, Mrs, Miss, Ms, other- please specify…………….First name and Surname in full (no initials) …………………………………………………….Full address & Postcode – (if different to above)…………………………………………………………Telephone Number ………………………………Email …………………………………………….. |
| **6. Education Status:** is the child registered as in full time education at your school? **Yes / No** (delete as appropriate)If No, what arrangements are in place i.e. Managed move, Alternative provision, Temporary Reduced Timetable?......................................................................................................................This would be shown as codes B or D on the child’s register.  |
| **7. Current Attendance** (please attach a copy of child’s registration certificate)**:** % Attendance …………Number authorised sessions………. Number unauthorised sessions…………. |
| **8. Pupil Status – Yes or No:** Child Looked After (CLA) ?................... Child eligible for Free School Meals (FSM)? …………… Child has Education Health Care Plan (EHCP)? …………or going through assessment?.........CP/CIN – is the child subject to a CP/CIN plan? ………….Please provide case worker name and contact detail where appropriate;……………………………………………………………………………………………………………. |
| **9. Reasons provided for COVID related absence ;**Please provide the reasons established by the school for the COVID related absence i.e. :* Child required to self isolate as they or a member of their household has symptoms or confirmed coronavirus
* Child required to self isolate because they are a close contact of someone who has symptoms or confirmed coronavirus
* Child who is required by legislation to self-isolate as part of a period of quarantine
* Child is are clinically extremely vulnerable in a future local lockdown scenario only
* Child/Parent is anxious about a return to school
* Child remains under the care of a specialist health professional
 |
| **10. Agency interventions**Please confirm details of any referrals the school has made to other professional agencies for support i.e. Early Help/Family Support , Social Care, School counsellorPlease detail: Dates of referral , allocated worker name/contact details, if the case is currenlty open/active?…………………………………………………………………………………………………………… |
| **11. Details of school action/intervention taken prior to this referral;**Please provide details and dates of the actions undertaken by the school with the parent/child to date to attempt to secure regular attendance at school i.e. phone calls, texts, letters, meetings, home visits |
| **12. Declaration:** I confirm that the details contained on this form are true to the best of my knowledge and belief. I authorise SBC to, where appropriate, instigate legal enforcement action as an outcome of this referral  |
| Completed by (designated school officer): | Please print name: | Date: |
| Signed & Authorised by Headteacher/designated lead  | Please print name: | Date:  |
| **14. LA Office Use;**  |
| Date / Officer | Date received; | Officer Name:  |  |
| LA Agency checks  | Agency/System | Date | Open/active Y/N |  |
| ICS / EHA |  |  |
| SEND |  |  |

**IMPORTANT: Referrals that are incomplete or have any errors will be returned to the school**