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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 counsellor  Please 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**