

**Attendance Service Persistent Absence (PA) Referral Form**

**This referral requires the pupil to have missed at least 10% of their possible sessions – this must include at least 10 sessions of unauthorised absences in any 12 week period.**

**SCHOOL ………………………………………………………Contact Name / Phone…………………………....................**

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| **Pupil Details**  NAME **(FULL)**………………………………………………………………………………………………  M/F.........................................................................DOB: ..................................................    Address...............................................................................................…………….......................  …………………………………………………………Post Code………………………………  Ethnicity……………………………………………………………………………………………  Year Group………………………………………….Tutor Group………………..  Is the pupil a Child Looked After (CLA) ? Yes/No………………………………………  Is the pupil eligible for FSM? Yes/No…………………………………………….  Does the pupil have an EHC Plan? Yes/No…………………………….  Has a MARF been completed? Yes/No………………………………………….  Other relevant information ………………………………………………………..  ……………………………………………………………………………………….  Known previous enforcement action (i.e. warnings/fines/prosecution)………..  ………………………………………………………………………………………..  Current attendance rate: ……………………………………………………….…  Number of sessions absent: ………………………………………………………  **Please attach Attendance Certificate** | **Parent/Carer Details**  **Parent/Carer 1**  NAME **(FULL)**………………………………………………………………..  Address (if different from pupil) …………………………………………..  ……………………………………………Post Code………………………  Contact Details :  Tel numbers/email address: ......................................................................................    ...........................................................................................................  **Parent/Carer 2**  NAME **(FULL)**………………………………………………………………..  Address (if different from pupil) …………………………………………..  ……………………………………………Post Code………………………  Contact Details :  Tel numbers/email address:......................................................................................    ...........................................................................................................  If parents live separately do both parents have an active involvement  with the child’s education? Yes/No/Other info………………………………………...  …………………………………………………………………………………  Any other relevant parental information? Yes/No………………..    ……………………………………………………………………………….. |

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| **Reasons for absence**– schools to provide as much detail as possible, this could include a print out of reasons from SIMs |

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| **Record of school action before referral to Attendance Service**  Details of contact- (for example) Telephone calls, letters, school meeting etc. (N.B. Pease attach copies of each)   |  |  | | --- | --- | | Action | Date | |  |  | |  |  | |  |  | |

**Other agencies involved**: e.g. Social Care, Police, Youth Justice, FIRST or any other relevant information:

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**I confirm that the school will not routinely authorise any further absences without justifiable evidence and that parent(s)/carer(s) will**

**be advised of this fact and that this referral has been made to the Attendance Service once the parent has been notified.**

**SIGNED ........................................................PRINT NAME ............................................................DATE …………………**

**POSITION……………………………………………………………………………………………………………………………….……………………………**

LA only: Date received by AS…………………………….. Approved referral (Officers name and date)………………………………………………….