**Attendance Contract Template**

|  |  |
| --- | --- |
| **Date/time of meeting:** |  |
| **Venue:** |  |

|  |  |
| --- | --- |
| **Pupil name:** |  |
| **Date of birth:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **School:** |  |
|  |  |

|  |  |
| --- | --- |
| **Present at meeting:** |  |

|  |  |
| --- | --- |
| **What is the pupil’s current absent rate/Pattern:** |  |
|  | |
| **Please describe the reasons for the pupil’s absences, (any barriers to attendance, support needs)** | |
|  | |

|  |
| --- |
| **Action agreed for School** |
| *EXAMPLES OF ACTION AGREED:*   * *School will alter pupil’s timetable on a temporary basis,* * *School will refer pupil to MHST.* |

|  |
| --- |
| **Action agreed for Parent/Carer** |
| *EXAMPLES OF ACTION AGREED:*   * *Parent will inform the school on the first day of a sickness absence and provide a note upon pupil’s return.* * *Parent will provide medical evidence for every sickness absence pupil may incur.* |

|  |
| --- |
| **Action agreed for Pupil** |
| *EXAMPLES OF ACTION AGREED:*   * *Pupil will arrive at school by 8.30 a.m. every day Are any issues preventing pupil from attending regularly, school staff will be informed?* |

|  |  |
| --- | --- |
| Attendance target: | 100% |
| Timescale for improvement: |  |

|  |  |
| --- | --- |
| Date for review meeting: |  |

I confirm that this Attendance Action Plan was agreed by all present.

Signed:

…………………………………………… Parent/carer

…………………………………………… Pupil

…………………………………………… School Representative

…………………………………………… Other Agency