**Attendance Contract Template**

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

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

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

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| **What is the pupil’s current absent rate/Pattern:** |  |
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| **Please describe the reasons for the pupil’s absences, (any barriers to attendance, support needs)**  |
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| **Action agreed for School** |
| *EXAMPLES OF ACTION AGREED:** *School will alter pupil’s timetable on a temporary basis,*
* *School will refer pupil to MHST.*
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| **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.*
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| **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?*
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| 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