|  |  |
| --- | --- |
| C:\Users\Katie.llewellyn\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\LGP0QN9T\opl logo hires rgb.jpg |  |
| **Date:** **Our ref:** Insert GP name and address | Insert School address |
| **This matter is being dealt with by insert name** |

Dear

|  |  |
| --- | --- |
| **Re:**  | **D.o.B:**  |
| **Parent/Carers Name:**  | **Address:**  |

Insert child’s name has been absent from on inset sessions occasions out of a possible insert sessions. According to school records, for much of the time this absence has been due to illness.

Insert child’s name’s level of absence is well in excess of the average absence rate (which is XXX) and because of this we are concerned that this will have a negative impact on (child’s name) ability to learn. Failure to receive an education is an offence in law (Education Act 1996) it. Any issue of persistent absence is assessed to establish whether there are any safeguarding issues such as neglect.

Oxfordshire’s policy is to investigate all persistent absence and develop a contract with the child, their parents and any their carers (as appropriate) and involve all professionals relevant to the circumstances.

To enable us to meet our legal duty to provide appropriate provision for insert child’s name’s learning, we would appreciate it if you could assist us by assessing any health-related issues which may impact the young persons’ ability to attend school. It would be helpful if you could provide an outline of any ongoing issues and any recently resolved health episodes. A form is attached to this letter to assist you with this.

**Please return the completed the form in the pre-paid envelope provided**.

We enclose for your information signed consent by the parent or carer to release the required details and a copy of the parenting contract for your records. You may find it helpful in your discussions with the family.

Please note this information will be used to determine whether the level of absence is justified and to enable us to make the right education provision where appropriate. Our next planned meeting with the family is XXX and it would be helpful if you are able to return the form by this date.

Thank you for your co-operation.

Yours sincerely

|  |
| --- |
| **Insert name** |
| **Insert job title** |

|  |  |
| --- | --- |
| Direct line: |  |
| Email: |  |
|  |  |
| **Enc:** | Signed consent formRegistration CertificateCopy of Parenting Contract |
|  | Stamped addressed envelope |

**ADD GDPR statement.**

**Please note: This request is made with the full permission of the parent/carer in order to ensure that appropriate education provision can be made. The school is undertaking an assessment to establish if there is any risk of neglecting the child(ren)’s education. We acknowledge that unless information is requested under a section.47 child protection enquiry the GP practice has the right to charge.**



Request for information - Strictly Confidential

|  |
| --- |
| **Name of Child : PRE-POPULATED BY SCHOOL** |
| **Date of Birth :**  |
| **Address:**  |
| **Parent / Carer:**  |
| **Phone No:**  |

|  |  |
| --- | --- |
|  XXX is seen regularly by myself or other health professionals | **YES / NO** |
| XXX suffers from a medical condition, which will account for this level of absence | **YES / NO** |

If YES please indicate on the enclosed registration certificate those absences that match appointments and provide any additional relevant details to assist school in validating the absence as medically related. …….………………………………………….…….….………………

…………………………………………………………………………………………………………….

|  |  |
| --- | --- |
| XXX suffers from a condition which will require significant management during the school day | **YES / NO** |

If YES please include any adjustments the school may need to make to support XXX attending school that can be added to the parenting contract: ………………………………….…………………………………………………………………………..

……………………………………………………………………….………………………………………

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|  |  |
| --- | --- |
| In my professional opinion I would say that the illness for which XXX was seen would have restricted his/her ability to attend school : | **YES / NO** |

Where the level of absence was justified are there any recommendations you would like to make that may promote better access to the education provision offered? (e.g. home supported education, adjusted timetables etc.).

……………………………………………………………………………………………………………….

……………………………………………………………………………………………………………….

Signed: ……………………………………………… Date: ……………………………….

Name: ……………………………………………….

Organisation: ……………………………………….