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| **Date**  | **PARENTING CONTRACT**  |

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| **Actions for Parent(s)/Carer(s), School & Student** |

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| Name of Student:  | DoB:  | School:  | Current % Att: | Target % Att: 95% |

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| Parent/Carer 1 Full name | **Parent/Carer 2 Full name** | **Review date:**  |

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| **FOR PARENTS** |

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| KEY POINTS | ACTIONS | WHEN |
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| **FOR STUDENT** |

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| **FOR SCHOOL** |

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| KEY POINTS | ACTIONS | WHEN |
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| **FOR OTHER AGENCY** |

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| KEY POINTS | ACTIONS | WHEN |
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| **All parents have a legal duty to ensure their child receives an education at school or otherwise to ensure they meet their fullest potential. If attendance fails to meet target set, consideration will be given to a referral to the County Attendance Team who may take legal action under Section 444(1) Education Act 1996.** If the attendance target is met, the school will continue to monitor attendance. If it then falls below the target at a later date, a referral may still be considered. |

### **Parents’ consent to information sharing**

We also understand and agree that information about me/us has been and will continue to be collected so that we, the School and the LA can assess and provide appropriate assistance and services. The School and LA may also use this information for service planning, monitoring and research purposes and may share the information with external agencies and providers of relevant services that they need to work with, to ensure that we are provided with the most appropriate services.

We understand that this information will be stored either electronically or in the manual records by the School/LA for case management purposes, to monitor and evaluate the effectiveness of the plan. The School/LA will keep the information updated and notify anyone who is given the information of any changes to ensure corrections are made.

**SIGNED BY: PRINT NAME SIGNATURE**

Chair ………………………………………………. ………………………………………………………

Parent (1) ………………………………………………. ………………………………………………………

Parent (2) ………………………………………………. ………………………………………………………

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

Other Representative ……………………………………………… ………………………………………………………

Student (if necessary) ……………………………………………... ………………………………………………………

**Health Absence Record for :xxx DoB: xxxxxx**

XXX’s Health issues have been identified as impacting on education. Following discussions with the school it has been agreed that all appointments and contacts with health professionals within the school day will be recorded. Our aim is to improve shared understanding of the ongoing issues and inform decisions about any adjustments needed to enable xxx to improve their school attendance.

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| Date & Time | Setting (GP, Dentist, Hospital etc) | Organisation Stamp / Health care team Signature  | Name and Role or signatory.(e.g.: receptionist, therapist, doctor) |
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