		Child Details			
Child Name	ne		Year (eroup	
Child Address	,	Attendance %	Date of	of meeting	
		·		·	
	Р	arent/Carer 1 Details	S		
Parent Name	DOB		Relationship to Child		
Contact Number	Email		Parental Responsibilit	y Yes □ No □	
Address	,	,	,		
	P	arent/Carer 2 Details	S		
Parent Name	DOB		Relationship to Child		
Contact Number	Email		Parental Responsibilit	y Yes □ No □	
	Liliali		r aremai responsibilit	/ Tes 🗆 140 🗆	
Address					
		Academy Details			
Staff Name 1	Role		Contact number		
Staff Name 2	Role		Contact number		

Support/Interventions to date		
Give details of any	•	
support/interventions that have	•	
already been offered to	•	
encourage better attendance.	•	
What has worked well/not so	•	
well?	•	
	•	
	•	
	Parent/Carer's Views	
What are the reasons for your	•	
child's absences from school?	•	
	•	
	•	
Is there any support that you	•	
require in order to secure your	•	
child's regular and punctual	•	
attendance?	•	
	1	
	Child's Views (if applicable)	
What are the reasons for your	•	
absences from school?		
	•	

	•		
Is there any support that you need in order to attend school more regularly?	•		
	Parent/Care	er Actions: I agree to	
What	(action)	How	When
	Child Actions (I	f appropriate): I agree to	
What	(action)	How	When

		1
Academy Actions: The academy agrees to		
What (action)	How	When

This Attendance Action Plan is a formal written agreement between the Parent/Carer, Academy and Pupil (where applicable), intended to address irregular attendance intended to provide support.

The actions set out in this Attendance Action Plan will be reviewed. If the parent/carer fails to comply with the agreed actions the academy will notify the parent/carer that the plan has failed and another course of action pursued. Should the child continue to incur unauthorised absence, the academy may have no alternative but to refer the matter to the GLC Education Welfare Officer.

Parent/Carer's consent

In accordance with Data Protection Legislation, we must inform you that by signing this form you are giving your consent to process the information we collect from you for the purposes of this contract and providing support.

I agree to the information about my family being shared for the purpose of this contract to ensure that we receive the support we need.

You have a right under Data Protection legislation to withdraw your consent at any time. Please note that withdrawal of consent may affect the support we are able to provide to you and your family. Should you wish to withdraw your consent, or if there are any other changes to your family circumstances, please contact the academy immediately.

Parent/carer 1 Name	Signed	Date	
Parent/Carer 2 Name	Signed	Date	
Child Name (if applicable)	Signed	Date	
Staff Name 1	Signed	Date	
Staff Name 2	Signed	Date	

Attendance Action Plan review			
Date of Review:		Attendance %	
Attendees:			
	Pare	nt/Carer Actions:	
What (action)		Comments	
What (action)			
Child Actions (If appropriate):			
What (ac	ction)	Comme	nts

	,
Aca	ademy Actions:
What (action) Comments	
(1000)	
Outcom	e of review meeting: