**Children’s Services**

**Admissions and Access to Education Service**

**REFERRAL FOR LEGAL ACTION**

**To be completed by Headteacher or delegated member of school staff**

|  |  |
| --- | --- |
| **NAME and DESIGNATION OF REFERRER** |  |

|  |  |
| --- | --- |
| **CHILD’S FULL NAME** |  |
| **CHILD’S DATE OF BIRTH** |  |
| **ETHNICITY** |  |
| **SCHOOL** |  |
| **FULL NAME OF MOTHER (OR CARER)** |  |
| **ADDRESS** |  |
| **FULL NAME OF FATHER (OR CARER)** |  |
| **ADDRESS (if different from above)** |  |

|  |  |  |
| --- | --- | --- |
| **PERIOD OF ABSENCE FOR IF PROSECUTION IS BEING CONSIDERED** | **From:** | **To:** |

|  |  |
| --- | --- |
| **Checklist of information for referral to the LA Attendance Officer for consideration of the initiating prosecution in the Magistrates Court or Education Supervision Order application** | **Tick** |
| ‘*School attendance what parents and carers need to know’ leaflet* has been issued to parent/carer |  |
| Attendance printout attached |  |
| A persistent absence rate of below 85%% over a six week period (15% unauthorised absence) |  |
| Minimum of three attempts have been made by school staff to resolve issues |  |

|  |
| --- |
| **Brief summary of issues affecting attendance and action taken to try to resolve matters** |
|  |

Signed:

Dated:

**The Attendance Officer will respond to requests within 5 school days of receiving the request for consideration of a referral for legal action.**