***RANGE HIGH SCHOOL***

Head teacher: Mr M McGarry

Stapleton Road

# FORMBY

Liverpool L37 2YN

## Telephone: 01704 ~ 879315

September 2024

Dear Parent/Carer

Re: ………………………………

As part of our commitment to improving the attainment of our pupils, we monitor pupil attendance on a regular basis. We also regularly share student’s attendance figures with parents/carers where there are concerns. You can also access this information on Class Charts

Research shows there is a strong correlation between attendance and achievement. The DfE and School Census guidance determines that pupils will be defined as a persistent absentee (PA) when their absence reaches 10% (which is less than 90% attendance) for whatever reason.

At the end of last academic year, your son/daughter was identified as a persistent absentee (PA) as their attendance was below 90%.

We are keen to reinforce the importance of all good attendance and must stress that this is particularly critical for year 11 students in the run up to the GCSE examinations and preparing pupils for these.

In order to support all of our students we are holding a series of short one to one meetings. This is a supportive meeting intended to identify if there are any worries and concerns about school and put in appropriate support.

If your son/daughter’s absences were due to a diagnosed chronic medical condition it would be helpful if you could provide us with some medical evidence in the form of a letter from your medical practitioner and/or complete the form overleaf. We will keep this information on your son/daughters attendance file.

Should you have any queries or wish to provide us with more information then please contact your Head/Asst. of Year or me at school to discuss further. In addition, we will continue to look to support you both over the coming weeks in improving their attendance.

Yours sincerely

Mrs L Dillon

Pupil Support Manager & Attendance Officer

ld@range.sefton.sch.uk

Tel.01704 879315 ext. 267

**RANGE HIGH SCHOOL**

**Medical Absence Form**

**Name of student………………… Tutor Group………………………..**

**Medical Diagnosis …………………………………………………………….**

**(You may prefer discuss issues of a sensitive nature with your Tutor, Head/Asst. Head of Year, Mrs Dillon or school health. In this event, please contact us at school.**

**…………………………………………………………………………………………………………**

**Treatment.**

**……………………………………………………………………………………………………………**

**Medication (if any)**

**……………………………………………………………………………………………………………**

**Medical Practitioners details**

**Name……………………………………………………………………………………………………**

**Address ……………………………………………………………………………………………………………**

**Telephone Number**

**……………………………………………………………………………………………………………**

**Email address**

**……………………………………………………………………………………………………………**

**Please return the completed form to either to head of year or:**

**Mrs L Dillon via reception or at** [**ld@range.sefton.sch.uk**](mailto:ld@range.sefton.sch.uk)

**Mrs G Quinn via reception or at** [**gq@range.sefton.sch.uk**](mailto:gq@range.sefton.sch.uk)