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 but must stress that this is particularly critical, as students have missed such a lot of their education during recent academic years.

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

**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**

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

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

 **Mrs L Dillon via reception or at** **ld@range.sefton.sch.uk**

**Mrs G Quinn via reception or at** **gq@range.sefton.sch.uk**