

# Spaxton Church of England School

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# Attendance Policy

Policy Reviewed	Next Review Due
June 2016	June 2017
September 2017	September 2018
January 2019	January 2020

# Attendance Policy

- 1.0 - A child's absence will be recorded as unauthorised if no satisfactory explanation is given for absence or if the school considers the information received from a parent is not an acceptable reason for absence.
- 2.0 - Parents will be informed of their child's low attendance level and invited to discuss their child's attendance when:
- a) A child is absent for more than three days without a satisfactory explanation.
  - b) A child's attendance drops below 90% for no specific medical or other acceptable reason.
- 3.0 - Where a pattern of unauthorised absence persists or attendance does not improve, despite the school's involvement, the Educational Welfare Officer will be contacted and asked to visit the home.
- 4.0 - Staff are asked to inform the school office of any unexplained absences and the school will then telephone home for a reason for absence.
- 5.0 - If members of staff are concerned about the level of attendance or punctuality of any of the children in their class, they should inform the head teacher.
- 6.0 - Attendance will be monitored regularly and parents will be informed of their child's attendance.
- 6.1 – Where a child has missed 12 sessions (6 days) for illness or unauthorised absence, a 'Letter 1' will be given out. This informs the parent/carer of the current attendance figure and reminds them of the importance of good attendance.
- 6.2 – If, after receiving 'Letter 1', the child misses a further 12 sessions (6 days), a 'Letter 2' will be given to the parent/carer. This asks that any further absence is supported by an appointment card as recognition of GP involvement. If the involvement of medical professionals has not been evidenced, absence will be unauthorised.
- 6.3 – Having had a 'Letter 2' if there are 10 sessions of unauthorised absence (5 days) in a 12 week period, the case will be passed on to the Education Welfare Officer.
- 7.0 - Attendance is reported on at Annual Reviews
- 8.0 - Attendance figures are reported termly to the governors in the Head's Report.
- 8.1 - The school aims to promote, among parents and children, a high level of awareness of the need for regular and prompt attendance.
- 9.0 - A statement defining the school's expectations relating to attendance appears on the school's website.
- 10.0 - Parents are advised of the school's expectations during the induction meetings for new children.
- 11.0 - Parents are reminded regularly in newsletters of the importance of good attendance and timekeeping.
- 12.0 - Parents are made aware that the headteacher has the authority to authorise any term-time absence that is in line with Local Authority guidance. Term-time absence requests must be made in writing to the Headteacher and on a Request for Term Time Leave form, available from the school office. Holiday requests taken that are not authorised are recorded as 'holiday not agreed.' Holidays **not** requested but taken are recorded as "unauthorised absence".
- 13.0 - Parents are requested to ring or email the school by **9.10am** to notify us that their child will be absent. The school will then authorise absences that are due to sickness.

14.0 - The school registers are closed at **9.00am** each morning. Children who have not arrived by the end of registration, up to **9.15am**, are marked with a late code 'L'.

15.0 – If pupils arrive after **9.15am** this will be marked as an unauthorised absence – 'U' code.

16.0 - Latecomers should report to the school office on arrival.

17.0 - If the school has been informed that a child will arrive late due to a medical/dental appointment, this will be marked as medical - 'M.' code.

18.0 – Spaxton C of E School adheres to the guidance from Public Health England, where the term 'exclusion' is used this has been taken to mean the term 'absence'. If an illness stated as: no absence period required, any absence will be unauthorised – 'U' code. Where the term 'treatment is recommended' this does not mean immediately but outside of school hours.

## Health Protection for schools, nurseries and other childcare facilities

### Absence table

Infection	absence period	Comments
Athlete's foot	None	Athlete's foot is not a serious condition. Treatment is recommended.
Chicken pox	Five days from onset of rash and all the lesions have crusted over	
Cold sores (herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and heal without treatment
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPT
Diarrhoea and vomiting	Whilst symptomatic and 48 hours after the last symptoms.	See section in chapter 9
Diphtheria *	Exclusion is essential. Always consult with your local HPT	Preventable by vaccination. Family contacts must be excluded until cleared to return by your local HPT
Flu (influenza)	Until recovered	Report outbreaks to your local HPT.
Glandular fever	None	
Hand foot and mouth	None	Contact your local HPT if a large numbers of children are affected. Exclusion may be considered in some circumstances
Head lice	None	Treatment recommended only when live lice seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or 7 days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPT will advise on control measures
Hepatitis B*, C*, HIV	None	Hepatitis B and C and HIV are blood borne viruses that are not infectious through casual contact. Contact your local HPT for more advice
Impetigo	Until lesions are crusted /healed or 48 hours after starting antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period.
Measles*	Four days from onset of rash and recovered	Preventable by vaccination (2 doses of MMR). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis ACWY and B are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Your local HPT will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ) Your local HPT will advise on any action needed
Meningitis viral*	None	Milder illness than bacterial meningitis. Siblings and other close contacts of a case need not be excluded.
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise spread. Contact your local HPT for more information
Mumps*	Five days after onset of swelling	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff.

Infection	Exclusion period	Comments
Ringworm	Not usually required.	Treatment is needed.
Rubella (German measles)	Four days from onset of rash	Preventable by vaccination with 2 doses of MMR (see national schedule @ <a href="http://www.nhs.uk">www.nhs.uk</a> ). Promote MMR for all pupils and staff. Pregnant staff contacts should seek prompt advice from their GP or midwife
Scarlet fever	Exclude until 24hrs of appropriate antibiotic treatment completed	A person is infectious for 2-3 weeks if antibiotics are not administered. In the event of two or more suspected cases, please contact local health protection
Scabies	Can return after first treatment	Household and close contacts require treatment at the same time.
Slapped cheek /Fifth disease/Parvo virus B19	None (once rash has developed)	Pregnant contacts of case should consult with their GP or midwife.
Threadworms	None	Treatment recommended for child & household
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic treatment
Tuberculosis (TB)	Always consult your local HPT BEFORE disseminating information to staff/parents/carers	Only pulmonary (lung) TB is infectious to others. Needs close, prolonged contact to spread
Warts and verrucae	None	Verrucae should be covered in swimming pools, gyms and changing rooms
Whooping cough (pertussis)*	Two days from starting antibiotic treatment, or 21 days from onset of symptoms if no antibiotics	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing

**\*denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control).**

Health Protection Agency (2010) Guidance on Infection Control in Schools and other Child Care Settings. HPA: London.