**Authorisation To Prosecute Form (FPN)**

**To be completed by the school and submitted to LA for consideration for a prosecution under the Education Act 1996 Section 444 following a parental choice not to discharge their liability (ie FPN remains unpaid)**

**School Name:** [Type here]

**Parent Name:** [Type here] Parent DOB if available: [Type here]

Details of each FPN subject to this parent’s potential prosecution.

|  |  |  |
| --- | --- | --- |
| **FPN Number** | **Child Name** | **Relationship to Child** |
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**Academic Year Attendance**

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| --- | --- | --- |
| Did parents communicate reason for absences? | Yes / No | Comments: |

|  |  |  |
| --- | --- | --- |
| **For Term time holiday only** – were mitigating circumstances shared with school | Yes / No | Mitigation shared: |

**If FPN issued for Term Time holiday only, please skip to School / Academy comments**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parental Co-Operation** | **Y** | **N** | **Comment** |
| Is parent able to exercise control of child? |  |  |  |
| Is parent supportive of school (i.e. detentions/homework/uniform) |  |  |  |
| Did school make parent aware of unauthorised absences prior to FPN issue? |  |  | In person / letter / Telephone |
| Have School invited parents for meeting regarding current attendance |  |  |  |
| In your opinion has the parent done everything possible to ensure regular school attendance of their child at school? |  |  |  |
|  |  |  |  |
| **Any Other Factors** |  |  |  |
| Does parent have learning/language difficulties? |  |  |  |
| Does parent have a diagnosed physical disability or mental health issue? |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Pupil Factors** |  |  |  |
| Does pupil have a medically diagnosed recurring medical condition? |  |  |  |
| Is the pupil involved in offending or anti-social behaviour? |  |  |  |
| Are there any identified issued not address by other agencies? |  |  |  |
| Does the pupils absence effect siblings or other students? |  |  |  |
|  |  |  |  |
| Are school aware of any previous convictions for parents for non regular school attendance? |  |  |  |
|  |  |  |  |

**Involvements**

What pre-referral work, if any, has been undertaken by the school and what was the outcome?

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| --- | --- |
| **Actions** | **Outcome** |
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Details of other professions involvement including outcomes or if ongoing

|  |  |  |
| --- | --- | --- |
| **Team** | **Key Worker** | **Comments** |
| **HEALTH** (including GP; CAMHS, School Nurse, Adult Mental Health Service) |  |  |
| **Social Care Team** |  |  |
| **Other Education Professionals** (including PRU; AT, EP, SNO, LOB, Inclusive Services) |  |  |
| **YOS / Police** |  |  |
| **Special Educational Needs** (indicate if School Action/School Action +/EHCP) |  |  |
| **Other Agencies** (eg Suffolk Young Carers) |  |  |

|  |  |
| --- | --- |
| Number of Letters sent to parent |  |
| Number of Meetings Arranged |  |
| Number of Meetings Attended by parent |  |

**Childs View** if available:

|  |
| --- |
| **Are school aware of any mitigating or difficult family circumstances?** |

|  |  |
| --- | --- |
| **Academy/School’s Comments:** *What outcome are the school hoping to achieve for the child/young person? How will a prosecution enable the Child to attend school?* | |
| The Academy/School understands and accepts that the decision to follow through with this referral depends upon the evidence available as disclosed to Suffolk County Council who will make the decision to proceed.  Whilst there is no charge for the prosecution, should the matter be directed for a trial, the academy/school has the right to instruct a solicitor or barrister in these matters. | |
| **Signature on behalf of the School:** | **Date** |
| **Position:** | |

Please attach updated registration certificate