# Dear Head Teacher

# Re: Elective Home Education -

# We have been informed that the above child is going to be home educated

# Please be advised that before a child's name is removed from the register the school must have received written confirmation from the parent. This letter must be signed and state clearly the date the child wishes to be removed with their destination e.g. education otherwise than at school (Regulation 8(1) (d) of the Pupil Registration and Regulations 2006)

# Once you have received this you must immediately notify the Local Authority and remove the child's name from your school register within 2 days from the date stated on the letter. You must then send me a copy of the parent's letter, along with the Referral form and Deregistration checklist which I have enclosed.

# Please can you also write to the parents/carers acknowledging receipt and confirming of de-registration.

# If you have any queries regarding this please do not hesitate to contact me

# Yours Sincerely

# Home Education Liaison Officer

## Part A: Elective Home Education: Referral Form

Including Risk Assessment.

To be completed and returned

Reason for completion of Learner Profile: Choose an item.

### Pupil Details

Surname: Click here to enter text. Forename(s): Click here to enter text.

D.O.B.: Click here to enter a date. Gender: Choose an item.

Current Address: Click here to enter text.

NCY: Choose an item. SEN status: Choose an item.

UPN: Click here to enter text. Ethnicity: Choose an item.

Is the Pupil a Looked after Child: Choose an item.

### Parent/Carers Details

Parent/Carers Names: Click here to enter text.

Relationship to pupil: Click here to enter text.

Contact Number: Click here to enter text.

### Emergency Contact:

Name: Click here to enter text.

Relationship to child: Click here to enter text.

Contact Number: Click here to enter text.

### Current School Details

Name of School: Click here to enter text.

Head Teacher: Click here to enter text.

Deregistration Date for Home EducationClick here to enter a date.

Reason for Elective Home Education (if known)

Click here to enter text.

Does the school have any welfare concerns regarding the child being home educated?

Choose an item.

If so please explain why

Click here to enter text.

If you answered yes, has **the school notified the access centre and if so what was the outcome?**

Click here to enter text.

### Involved Agencies

Please detail all involved agencies and professionals:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organisation | Role | Contact Details |
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Linked Plans **– Please attach a copy where relevant**

Early Help Assessment (CAF) ☐ Next review date: Click here to enter a date.

Child in Need Plan ☐ Next review date: Click here to enter a date.

Child Protection Plan ☐ Next review date: Click here to enter a date.

IEP ☐ Next review date: Click here to enter a date.

PSP ☐ Next review date: Click here to enter a date.

PEP ☐ Next review date: Click here to enter a date.

Emergency/Annual Review ☐ Next review date: Click here to enter a date.

Other (please provide details) Click here to enter text.

Known Risks **– Please attach a copy of up to date risk assessment**

(Any safeguarding issues, risks to self or others, risks in the community)

Click here to enter text.

### Any other information

Click here to enter text.

### Form Completed by:

Name: Click here to enter text. Position: Click here to enter text.

Contact Number: Click here to enter text. Date: Click here to enter a date.

## Part B: Things to consider prior to deregistration (for parents/schools)

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **Outcome** |
| Has a meeting been held between the school and parent to explore the reasons for home education to resolve any issues which the parents may have. |  |  |
| Has the parent received information advice and guidance regarding EHE? |  |  |
| Has the parent been referred the parent to the Parent Partnership Service? |  |  |
| Has an Emergency Annual Review been offered/completed where a child has a Statement of SEN? |  |  |
| Has a Statutory Assessment of SEN been considered? |  |  |
| Has an Individual Education Plan been considered? |  |  |
| Has a Pastoral Support Plan been considered? |  |  |
| Has Alternative Provision been considered? |  |  |
| Has a Managed Move been considered? |  |  |
| Has a Common Assessment been considered? |  |  |
| Has a referral to Early Help been considered e.g. Gypsy Roma Traveller Service? |  |  |