Dear Head Teacher

**Re: Elective Home Education -** *\*\*child's name\*\**

**I have recently been advised that the above child has been deregistered from your school to be home educated with effect from (insert date)**

**Or**

**We have recently written to you to request copies of the Notification of Intention to Home Educate for the above child.**

Please be advised that the school must make an immediate return to the local authority as soon as the ground for deletion is met, and no later than deleting the pupil's name from the register. You **must** ensure that you include a copy of the parent's letter of deregistration which must be signed and state clearly the date the parent wishes for the child to be removed with their destination e.g. education otherwise than at school (Regulation 8(1) (d) of the Pupil Registration and Regulations 2006) so the Local Authority can confirm the grounds for deletion.

I am writing to advise that the Local Authority appears not to have been informed of the deletion. Until such time the Local Authority is notified the responsibility of the child's welfare and education rests with the school. I must strongly advise that a failure to inform the Local Authority of such deletion may have significant safeguarding implications and result in a child not being in receipt of a suitable education for a significant amount of time.

I would therefore be grateful if you could complete the attached referral form, along with a copy of the parents letter of deregistration as a matter of urgency.

If you have any queries regarding this or any other matters please do not hesitate to contact me

Yours Sincerely

**Senior Exclusions & Hard to Place 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.

Medical details: (please provide any details of known medication, allergies etc.)

Click here to enter text.

### 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.

### Entitlements

Free School Meals: Choose an item. Pupil Premium: Choose an item.

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.

### Current School Details

Name of School: Click here to enter text.

Head Teacher: Click here to enter text.

### Education History

|  |  |  |  |
| --- | --- | --- | --- |
| School | Start Date | End Date | Attendance |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

**Pupils Aspirations, Interests and Positive Behaviours**

(Details of hobbies, career goals, club memberships, talents etc.)

Click here to enter text.

**Areas requiring support and development**

(Areas that the pupil requires additional support, finds challenging, presents as a trigger)

Click here to enter text.

**Previous Interventions**

(For example: small groups, off site provision, one to one support, detention, Behaviour contract)

Click here to enter text.

**Preferred Learning Style**

(What has/has not worked well in school)

Click here to enter text.

**Achievement Record**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Type of Exam | Predicted Grade | Result |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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### 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.

### Criminal Record/Convictions

Present and past convictions: Click here to enter text.

Pending Court Cases:

Reason: Click here to enter text.

Date: Click here to enter a date.

Reason 2: Click here to enter text.

Date: Click here to enter a date.

### 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? |  |  |