**Pupil Referral Form**

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| **PERSONAL DETAILS** |  |
| NAME |  |
| D.O.B. |  |
| SCHOOL YEAR |  |
| HOME ADDRESS |  |
| PARENTS NAME & CONTACT NUMBER | Please ensure this number is valid as of time of printing. |
| REFERRING SCHOOL |  |
| PUPIL IS A LOOKED AFTER CHILD | YES NO |
| PUPIL ON A CHILD IN NEED PLAN | YES NO |
| MEDICAL CONDITIONS |  |

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| **ATTENDANCE** | | | |
|  | ATTENDANCE% | AUTHORISED ABSENCE% | UNAUTHORISED ABSENCE% |
| CURRENT SCHOOL YEAR |  |  |  |
| PREVIOUS SCHOOL YEAR |  |  |  |

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| **AGENCY INVOLVEMENT** | Please list any agencies involved (ie. CAMHS, YOT, Families First, Child Services, Addaction) |
| Agencies: | Name and contact details of key workers: |
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| **REASONS FOR REFERRAL** | This information helps us protect staff and learners from known behaviours. |
| Actions/Behaviours: | Brief Description of incidents: |
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| **ACADEMIC ABILITIES** |  |
| Subjects: | Current ability level: |
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Please select which program you wish to enrol this learner on:

Full Time – Monday to Friday 10am – 2pm Twilight – Mon, Wed, Fri 2pm-3.30pm Home School – 2 home visits 1 video call minimum

Please mark the correct program with an ‘X’

Safeguarding checks/calls on non-attendance days will remain the responsibility of the Home School.