

School Referral for EHE involvement

Name of Child(ren)		
DOB (s)		
Year Group (if known)		
Parent Name(s) indicate with whom child resides if appropriate		
Address		
Contact Number		
Ethnicity		
School Details (including any previous schools)		
Date off Roll		
Statement of SEN	Yes/No	
Is the parent aware of EHE procedures?	Yes/No/Unsure	
Any specific information parents require from the EHE Team, if so please detail:		
Reason for choosing EHE, please attached parent letter of notification.		
Are there any safeguarding issues to be aware of? If Yes please state.		

Has there been any ongoing involvement from the below services, if yes please tick. Please tick

Special Educational Needs (SEN)	
Children Missing Education (CME)	
Ethnic Minority/Gypsy, Roma, Traveller Service (EM/GRT)	
Pupil Attendance Support Team (PAST)	
Child and Adolescent Mental Health Service (CAMHS)	
Lancashire Education Medical Service	
Youth Offending Team	
Other, please state	

Completed by: _____ Position: _____

This form can only be submitted when the parents letter stating they wish to home educate is attached.