

Alternative Provision Request due to medical absence Record of Information

**Please complete this form and forward to educationcoreoffer@staffordshire.gov.uk
Please remember to attach a copy of supporting medical evidence and a copy of young person's attendance certificate.**

Child's Details:

Name:			
Address:			
Postcode:			
Date of Birth:		Ethnicity: (Optional)	
Does the child/young person have a Statement of Educational Needs/EHCP?		Yes/No	
		Has an early Annual Review been called? Date of last review	

Parent/Carer:
(1)
(2)

Title:		
Name:		
Relationship to the child/young person:		
Address: (if different from one above)		
Postcode:		
Home Tel No:		
Mobile Tel No:		
Email address:		
Details of other agencies currently involved.		
Contact details:		

School and contact details

Name of school	
Address:	
Postcode:	
Telephone number	
School lead contact – name	
School lead – email and telephone number.	

Information required to support a request for alternative provision

Please provide an overview of the student's recent school history and engagement with learning along with details of educational provision provided by school to date:

What sort of provision are you seeking for this student? e.g. on-line tuition, face to face tuition, robot?

How many hours/sessions per week do you feel this student is able to cope with?

Please provide details of academic attainment levels this student is currently working at?

Signed:	
Date:	

Thank you for completing this form.

Please remember to attach a copy of supporting medical evidence and a copy of young person's attendance certificate.

"The information provided on this form will be processed by Staffordshire County Council in accordance with the Data Protection Legislation. Unless you tell us otherwise we will share your information with the Skills & Employability Service who can offer Information, Advice and Guidance for Children & Young People (C&YP) for EHE C&YP from Y8 onwards."