

STAFFORDSHIRE EDUCATION TARGETED SERVICES

PUPILS ELECTIVELY HOME EDUCATED

SCHOOL EXIT INFORMATION

The purpose of this form is to gather information on students leaving education to be educated at home. **PLEASE COMPLETE AS FULLY AS POSSIBLE.**

Name of Child:			DOB:	
Unique Pupil Number:	Stude	ent ID:		NCY:
Name of Parent:	1.			PR
	2.			PR
	3.			PR
Telephone:				
Child's Address:				
Address at which the child will be undertaking EHE if different from above:				
Current school:				
Does the child have SEND needs	? YES/NO		If yes	s name of SENco/Inclusion Manager
Does the child have an EHCP?	YES / NO		If yes	s name of SEND worker
What is the child's overall attendathe time of the de-registration?	ance figure at	9	6	
Has the child had any fixed term exclusions in the current academic year?		YES / N	10	If yes please attach details
Has the school raised any welfare or safeguarding concerns regarding the child?		YES/I	NO	If yes please give details
Has the school notified other agencies supporting the child that the child will be home educated?		YES / NO If yes please give details		
Please specify name of agency				





Is the child currently or has the child ever been subject to a child protection plan?	YES / NO	If yes please give details			
Name of Social Worker	-				
Are there any factors which other agencies should be aware? NB: Elective Home Education Officers are lone workers	YES / NO	If yes please give details			
Does the school have any concerns about the parents' ability to provide a suitable education for this child?	YES / NO	If yes please give details			
In your opinion what is the main reason the parent (Please tick only one)	is withdrawing	their child to home educate them?			
Problems with SEN provision Dissatisfaction with school provision Permanent exclusion Attendance/at risk of prosecution Racism/Homophobia bullying Religious Beliefs Bullying Lifestyle/cultural Social, emotional or mental health of the child No satisfactory school place Risk of exclusion Risk of exclusion Referral to SSU Gifted/Talented Philosophical Medical needs of parent Physical medical needs of child Requested or suggested by school					
Please note that parents are also asked to indicate from the above list their reason for EHE.					
Has the school made an offer of support to the child e.g. Exams/learning resources? YES / NO If YES please specify					
Any other comments					
Information given by: Name:					
Designation:		Date:			
Date letter was received from Parent:					
Date taken off roll:					

Please return this form and a copy of the de-registration letter from parents with parental responsibility to Jenny Dodd, Elective Home Education Co-ordinator, Staffordshire County Council, Families First, 1 Staffordshire Place, Tipping Street, Stafford, ST16 2DH, or by email to electivehomeeducation@staffordshire.gov.uk

Thank you.

