**Child Not Receiving Education Referral**

**This form should be completed for any pupil who has been absent from school for 10 consecutive days, and also for those pupils who have ceased to attend where the school believe may have become a Child Missing from Education.**

**It is essential to keep us informed if you receive any further information or a receiving school requests a child’s file.**

**Please return referral form to childrenmissingeducation@telford.gov.uk**

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| **Information Required**  | **Details**  |
| **Section 1. Pupil Details** |
| Child’s Forename |  |
| Child’s Surname (Please include any other surname the child may be known by) |  |
| Date of Birth |  |
| Provide Details if Moved into area (from another L.A) OR from Abroad  |  |
| Current year group |  |
| UPN |  |
| Gender |  |
| PPG  | Yes/No |
| Ethnicity  |  |
| Does this child have an EHCP | Yes/No |
| Does this child have SEN support  | Yes/No  |
| Is the pupil a Child in Care? Please state relevant LA child is in care to. | Yes/NoResponsible L A:  |
| **Section 2. Referrer/School Details**  |
| School currently on roll at  |  |
| Name of referrer and email address |  |
| **Section 3. Attendance/Absence Details** |
| Last date of attendanceAttach a copy of current attendance print out  |  |
| Confirm the absence coding being used by school. |  |
| Current attendance this academic year (%) |  |
| Reason given for absence (please highlight) If other please provide clear detail under section 4 (Any other relevant information).  | * Medical
* Refusal to attend
* School placement pending for another Telford and Wrekin School
* School placement pending for School out of area
* Extended Holiday
* Traveller believed to be travelling
* Whereabouts unknown
 |
| Please include details/evidence of any medical conditions including; Name of consultant, Doctor or other Medical Practitioner, formal diagnosis and other relevant information.  |  |
| Please add information including dates and details of contact with the home and the outcome |  |
| **Section 4. Additional Information to assist locating the pupil** |
| Name of Parent/Carer’s and contact details including any known email address. |  |
| Known address |  |
| Other known addresses  |  |
| Siblings’ names and dates of birth  |  |
| Names of siblings’ schools |  |
| Any other relevant information  |  |

**In completing this form you have notified the L A of a child out of education.**

**It remains the responsibility of the school to continue to provide an appropriate education for the pupil where the school knows where the pupil is residing.**

**In the case of pupils who are missing from education and their whereabouts is unknown, the pupil cannot be taken off the school roll without confirmation from The Attendance Support Team, and the school must continue their attempts to locate the child through all reasonable enquiries.**

**Data may be processed under the Data Protection Act 2018 – Schedule 9 Conditions for Processing Under Part 4 (Education Data) 3 – The processing is necessary for compliance with a legal obligations to which the controller is subject.**