# **Parent Referral to Elective Home Education Service**

**Child Information**

**First Name(s):** **Surname:**

**Date of Birth:** **Year Group:**

**Gender:** **Ethnicity:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability:** |  | **SEN:** |  | **EAL:** |  | **LAC:** |  | **Child Protection:** |  |

**Contact Details**

**Name of Parent/Carer(s):**

 **Address:**

**Telephone Number(s):
Mother:
Father**

**Email Address:
Mother:
Father**

**Education**

**Current School:**

**Reason(s) to withdraw and elect to home educate:**

**Have you written to the school to confirm your intentions to electively home educate?**

**Yes** – Please submit a copy with this referral form.
**No** - A school cannot off roll a child until they receive confirmation.

|  |
| --- |
| **Statemented / SEN (school action, school action +, etc):** Please give details: |

|  |
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| **Any welfare or safeguarding concerns:** Please give details and dates: |

|  |
| --- |
| **Are any other agencies involved with your child?** |

**Any additional information:**

**Parent/Carer’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Relationship:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date:** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

This form needs to be completed and sent to Elective Home Education Team : via email [**Home.education@haringey.gov.uk**](http://Home.education@haringey.gov.uk)

**Telephone: 020 8489 3866**