# **Elective Home Education (EHE) Referral Form**

## Guidance

Please complete *(****typed*** *not handwritten)* and return in **Microsoft Word** **format** to [pupiltracking@slough.gov.uk](mailto:pupiltracking@slough.gov.uk) using the following text within the **subject box of the email**. **‘EHE - School Name - initial of pupil** – e.g. EHE - Slough Secondary – JB

**Special schools/EHCP children** should have a meeting arranged with the parent and SEND officer to confirm what EHE arrangements the parents will put in place. The SEND panel will then decide if the EHE plan can go ahead.

Parents must not, under any circumstances, be encouraged, or coerced, into home educating their child. Also, please see the Local Authorities Elective Home Education policy [SBC EHE Policy - September 2021-22](https://www.slough.gov.uk/downloads/file/2753/elective-home-education-policy-september-2021-2022)

**No child should be removed from the school roll without the approval from the attendance service –** this approval will be given once statutory checks have been completed.

**Recording Attendance**

Under the Pupil Registration Regulations (2006), the school is required to deregister the child or young person upon receipt of the parent letter and inform the child or young person’s home Local Authority (LA). In order to promote the recommendations stated by Ofsted the Local Authority feel it would be good practice for schools to temporarily keep a pupil on roll for 10 school days following referral to the Elective Home Education Officer. This will allow time for the officer to process the request and attempt to engage the family further to seek a resolution (if necessary) before removal from roll. The removal should only be done following confirmation from the Local Authority. This confirmation will be made in writing with the school (via email).

During the 10 school days schools can record the pupil as an authorised absence under Code C. After this time, if it is agreed that the pupil will become deregistered then schools will be able to back date the attendance to the date specified by parents.

## Section 1 – For Schools

| **Referrer details** | **Information** |
| --- | --- |
| Name |  |
| Organisation  Name of school / Service / LA |  |
| Contact number |  |
| Email address |  |

|  |  |
| --- | --- |
| **Pupil details** | **Information** |
| Child’s Full Name |  |
| Gender |  |
| Date of birth |  |
| Ethnicity |  |
| Current address |  |
| New address (moving to) |  |
| Date moved |  |
| Date of last attendance |  |
| Is the pupil known to Children’s Services? | Yes/No |
| Does the child have an EHCP? | Yes/No  If yes please provide details |
| Name of SEND or Case worker |  |
| Is the child eligible for FSM? | Yes/No  If yes please provide details |
| Any other relevant information: (SEND, safeguarding concerns, poor attendance, parent non-engagement, communication) |  |

| **Parent/Carer details** | **Information** |
| --- | --- |
| Parent / Carer 1  Full name: |  |
| Telephone number: |  |
| Email address |  |
| Parent / Carer 2  Full name: |  |
| Telephone number |  |
| Email address |  |
| Home address  (if different from pupil) |  |

| **Reasonable enquiries** | **Details** |
| --- | --- |
| Please state the reasons parent(s)  gave to remove their child from  roll to home educate: |  |
| If appropriate, please state the  prior action taken by the school to  address any concerns regarding  the child’s ability to remain in  school (include details of contact with parents) |  |
| Please confirm that you have  attempted to discuss the  responsibilities surrounding  home education with the parents |  |
| Please attach an up to date  attendance record |  |
| Please attach a list of attainment  details |  |
| Please ensure a copy of the  parents written notification to  Electively Home Educate their  child is included with this  referral form. |  |

## Section 2 for SBC – Attendance Team only

| **System** | **Date Checked** | **Open / Active** | **Comments** |
| --- | --- | --- | --- |
| ICS (Social Care) |  |  |  |
| EHA (Early Help) |  |  |  |
| EHCP (Education Health Care Plan) |  |  |  |
| CLA (Looked after) |  |  |  |
| SEN status |  |  |  |

## Section 3 for SBC – Additional Information

(Include all known relevant information i.e. issues at school, reasons for leaving school to assist the Home Education team on their visit)

| **Details** | **Information** |
| --- | --- |
| Form Completed by (Officer name): |  |
| Referral added to database by (Officer name) |  |
| Date Referral sent to Julia Heath’s Team |  |