# **Flexi Schooling Notification Form**

**[Flexi Schooling Guidance for Schools](https://www.slough.gov.uk/downloads/download/1098/flexi-schooling-notification-form-and-guidance)**

Please complete (***typed*** *not handwritten*) and return in **Microsoft Word format** to attendance@slough.gov.uk using the following text within the **subject box of the email.**

**‘Flexi schooling - School Name** - **initials of pupil’** – e.g. Flexi schooling - Slough Secondary - JB

| **Referrer details** | **Person responsible for the plan in school** |
| --- | --- |
| Name  |  |
| Position |  |
| OrganisationName of School / Service / LA |  |
| Contact number  |  |
| Email address |  |
| **Start Date** of flexi schooling arrangement |  |
| **Review date** of flexischooling arrangement |  |

| **Pupil** | **Details** |
| --- | --- |
|  Child’s full name |  |
|  Gender |  |
|  Date of birth |  |
|  Ethnicity |  |
|  Date of last attendance |  |
|  Known siblings in other schools | Name and school:  |
| Is the pupil known to children’s services? | Yes / No If yes give details: |
| Does the child have an EHCP? | Yes / No If yes give details: |
| Is the child eligible for FSM? | Yes / No If yes give details: |
| Name of SEND Case Worker(Please note that for children with an EHCP a part-time arrangement can not be agreed without a consultation with LA SEND service) |  |
| Any other relevant information (SEND, safeguarding concerns, poor attendance, parent non-engagement, communication) |  |
| Are there any safeguarding concerns? |  |
| Has Specialist Teacher support been requested? |  |
| Is a medical plan attached? |  |
| What alternative provision has been agreed? |  |
| Is a reintegration plan attached setting out objectives/success criteria and duration of arrangement? |  |

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

| **Reason for flexi schooling arrangement** | **Information** |
| --- | --- |
| To assist pupil in engagement of a specific learning talent, i.e. Sports related etc. |  |
| To help a pupil manage school based anxiety |  |
| Reintegration after prolonged absence  |  |
| As part of a medical plan |  |
| Reintegration after period of school refusal |  |
| Other |  |
| Brief description of the Education / Learning being provided in place of full time education at school |  |

| **Team around the child** | **Information** |
| --- | --- |
| Has there been a team around the child meeting  | Yes / NoDate:  |
| Team Around the Child Meeting | Details: |

| **Name of attendees** | **Relationship to the pupil** | **Organisation / Family** |
| --- | --- | --- |
|  |  |  |
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|  |  |  |
|  |  |  |

To be agreed by parent / carer, Head Teacher and the Local Authority informed.

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**‘Flexi Schooling - School Name** - **initials of pupil’** – e.g. Flexi Schooling - Slough Secondary - JB

| **Signed** | **Name** |  **Relationship to Pupil** | **Date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |