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| **Elective Home Education – School Exit Form** |
| **Pupil details**  |
| School Name  |  |
| Surname/Legal Surname  |  | Forename  |  |
| Middle name  |  | Chosen name  |  |
| Date of Birth  |  | Gender  | M [ ]  F [ ]  | Year  |  |
| Address  |  |
| Post Code |  | Admission Date |  | Leaving Date |  |
| Reason for home educating (if known):  |  |
| Ethnicity  |  | Home Language |  | Religion |  |
| **Parents/Carers contact details**  |
| Priority | Name andRelationship | Parental Responsibility? | Contact details |
| 1 |  | YES [ ]  NO [ ]   | Address: Home Tel: Work Tel: Mobile: Email:  |
| 2 |  | YES [ ]  NO [ ]   | Address: Home Tel: Work Tel: Mobile: Email:  |
| **Safeguarding** |
| **Does the school hold any welfare or safeguarding concerns regarding the child?****YES** [ ]  **NO** [ ] **If yes, have these concerns been referred to Social Care? YES** [ ]  **NO** [ ] ***N.B. Home education is not, in itself, a risk factor for abuse or neglect (If you are unsure whether a referral is appropriate, you should seek advice from the school’s locality social worker and contact the Multi Agency Safeguarding Hub).*****If any such concerns exist, please give details below, together with dates of any referrals** **made and advice given.** |
| Are parents aware of your concerns? YES [ ]  NO [ ]  N/A [ ]   |
| Is a Child Protection plan in place? YES [ ]  NO [ ]  If yes, please attach details.  |
| Is the child designated CIN? YES [ ]  NO [ ]   |
| Is the child in Care?  | YES [ ]  NO [ ]   | Care Authority |  |
| Has the child been subject to a CAF?  | YES [ ] NO [ ]  If yes, please attach details. | CAF lead professional: |
| If you are the lead professional, who will assume this role when the child starts EHE?Name and contact details of the new lead professional :  |  |
|  |
| **Agency involvement** |  |
| Educational Psychologist [ ]  | County Attendance Team  [ ]  | Social Care [ ]  | Hub [ ]  | Thriving Families [ ]  |
| Child and Adolescent Mental Health Services [ ]  | Youth Offending Team [ ]  | Other [ ]  |
| Details of involved Agents (name and contact telephone numbers)  |
| **Special Educational Needs** |
| **SEN Status**  |

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| Special Educational Needs ☐(please give details) |
| Statement ☐ |
| EHC Plan ☐ |

 | SEN Start Date |  |
| **Attendance** |
| Did the child attend school regularly, i.e. above 90% (over the last 12 months)?YES [ ] NO [ ]   |
| **Exclusions** |
| Please give details of any exclusions in last 6 months.Was this child at risk of permanent exclusion? YES [ ] NO [ ]   |
| **Siblings** |
| Please give details of siblings you are aware of and schools attended, if known: |
| **Any other comments (are there any other factors that the Local Authority should be aware of?)**  |
| Data Protection Act 1998: The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date.The school is required to share some of the data with the Local Authority and with the DfE. |
| **Information given by** |
| Name: | Contact Number: |
| Designation: | Date: |

**Please return this form, together with the letter/email from parents, to:** Elective Home Education Team, Education Inclusion Service, Oxfordshire County Council, second floor, Abbey house, Abbey Close, Abingdon, Oxon, OX14 3JD ehe@oxfordshire.gov.uk 01865 323513

**INITIAL HEALTH AND SAFETY RISK ASSESSMENT**

**Please ensure that the Risk Assessment is completed.**

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| **Activity** | **Risk Posed** |  | **Risk** |  | **Measured to be taken to reduce risk** | **Action taken** |
|  |  | **H** | **M** | **L** |  |  |
| **School meeting/ Home Visit** | Aggressive pupil | [ ]  | [ ]  | [ ]  | Collect information re: family from school | [ ]  |
|  | Aggressive parent | [ ]  | [ ]  | [ ]  |  | [ ]  |
|  | Previous history of aggression | [ ]  | [ ]  | [ ]  | Take colleague on visit | [ ]  |
|  | Threatening environment | [ ]  | [ ]  | [ ]  | Ensure mobile phone is available and fully charged | [ ]  |
|  | Known drugs/drink abuse | [ ]  | [ ]  | [ ]  | Log visit with office stating time and expected length of visit | [ ]  |
|  | Other (please specify) | [ ]  | [ ]  | [ ]  | Assess situation on arrivalConduct interview on doorstep/in hall if uncomfortable with situationOther (please specify) | [ ]  |