

# SCHOOL INFORMATION/NOTIFICATION OF ELECTIVE HOME EDUCATION (EHE) FORM 1

Elective Home Education Guidance April 2019 - 10.5 Schools should not seek to persuade parents to educate their children at home as a way of avoiding an exclusion or because the child has a poor attendance record. In the case of exclusion, they must follow the relevant legislation and have regard to the statutory guidance. If the pupil has a poor attendance record, the school and, if appropriate, local authority should seek to address the issues behind the absenteeism and use the other remedies available to them.

Ofsted School Inspection handbook September 2021 - 290. There is no legal definition of ‘off-rolling’. However, we define ‘off-rolling’ as:

The practice of removing a pupil from the school roll without a formal, permanent exclusion or by encouraging a parent to remove their child from the school roll, when the removal is primarily in the interests of the school rather than in the best interests of the pupil.

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| School: Click or tap here to enter text. |
| Pupil name: Click or tap here to enter text. | Date of birth: Click or tap here to enter text. |
| UPN No: Click or tap here to enter text. | National curriculum year: Click or tap here to enter text. |
| Gender:  | Ethnicity: Choose an item. |

First parent/guardian

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| Relationship to child: Click or tap here to enter text. |
| Forename: Click or tap here to enter text. | Surname: Click or tap here to enter text. |
| Address line 1: Click or tap here to enter text. |
| Address line 2: Click or tap here to enter text. |
| Address line 3: Click or tap here to enter text. |
| Address line 4: Click or tap here to enter text. |
| Home telephone: Click or tap here to enter text. | Mobile telephone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Does this parent require the services of an interpreter? YES [ ]  NO [ ] If so which language: Click or tap here to enter text. |

Second parent/guardian (if address details different from above)

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| Relationship to child: Click or tap here to enter text. |
| Forename: Click or tap here to enter text. | Surname: Click or tap here to enter text. |
| Address line 1: Click or tap here to enter text. |
| Address line 2: Click or tap here to enter text. |
| Address line 3: Click or tap here to enter text. |
| Address line 4: Click or tap here to enter text. |
| Home telephone: Click or tap here to enter text. | Mobile telephone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Does this parent require the services of an interpreter? YES [ ]  NO [ ] If so which language: Click or tap here to enter text. |

Please indicate if both parents are aware of the decision to EHE: YES [ ]  NO [ ]

Please can you provide names and dates of birth of any other siblings and/or step-siblings who are currently attending your school:

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| Sibling / Step-Sibling’s Name | Date of Birth | Name of School Being Attended |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Date school notified of decision to electively home educate: Click or tap here to enter text.  |
| Have parents provided written notification that clearly states they intend to deregister in order to electively home educate?YES [ ]  NO [ ]  If yes, please attach copy of deregistration letter. |
| Date pupil removed from school roll: Click or tap here to enter text. |
| Attendance Percentage: Please attach a copy of the registration certificate.  |
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| Were parents offered a meeting to discuss the decision to Elective Home Educate?Yes [ ]  No [ ] If yes please include dates and times of meetings  |

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| Does the pupil have an Education Health and Care Plan? YES: [ ]  NO: [ ] Date of EHC Plan and last Annual review if appropriate: Does the pupil have other SEND support?YES: [ ]  NO: [ ]  |
| Is the child on roll at a special school? YES: [ ]  NO: [ ] **Where a child or young person is a registered pupil at a special school/specialist provision and the parent decides to home educate, before the child’s name can be removed from the school’s admissions register SCC must give consent for the child's name to be removed. If this is the case, please contact the EHE team directly** |

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| Is this pupil a ‘Child In Care (CIC)? YES: [ ]  NO: [ ] Children in the care of Suffolk County Council (CIC) should attend maintained educational provision and will not be considered for EHE. |

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| Have parents requested flexi-time schooling? YES: [ ]  NO: [ ]  Has school approved flexi-time schooling? YES: [ ]  NO: [ ]  (if YES, please append timetable)  |

Signed by Administration Officer/Attendance Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter text.

Name and Job Title: Click or tap here to enter text.

Accompanying documents: tick as applicable

De-registration letter/email [ ]  Registration certificate [ ]

**Section 2**

The local authority has no monitoring role in the EHE parents provide. It can only intervene if information becomes known which makes it appear that a child is not receiving a suitable education. Please complete this form with as much detail as possible to enable the EHE consultants to properly assess each case. Please return without delay to the address given below. Thank you for your assistance.

**What we use this information for –** Information provided by schools is used to support an initial assessment of **any risk** and if there are concerns that would impact on any education being provided by the parent.

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| Does the school have concerns about the parents’ commitment/capacity to provide a suitable education?YES: [ ]  NO: [ ]  NB: If yes, it is essential that your concerns are noted below (with evidence): |

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| Does the school have any concern for the child’s welfare?YES: [ ]  NO: [ ]  If yes, please provide further information: |

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| Have there been any safeguarding concerns/involvement?YES: [ ]  NO: [ ]  If yes, please provide further information and state who the school have referred to: |

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| Does the child have a safeguarding file held at your school?YES: [ ]  NO: [ ]  Please provide the name and contact details of your Designated Safeguarding Lead (DSL) and a **copy** of the page 1 Chronology from the file. Please note that the child’s safeguarding file should remain at your school until the child attends another education setting, however a member of the EHE team will be making contact with your DSL to establish if there any safeguarding concerns held on the child’s safeguarding file. |

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| Has the child ever been subject to a child protection or child in need plan?YES: [ ]  NO: [ ]  If yes, please provide further information and the name of any professional involved: |

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| Are there any safeguarding issues around a lone worker visiting the family home?YES: [ ]  NO: [ ]  If yes, please provide further information and if the school have referred to other services: |

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| Does the pupil currently have, or has the pupil previously had, difficulties that act as a barrier to learning?YES: [ ]  NO: [ ]  If yes, please provide further information:[ ]  Communication and interaction needs. [ ]  Cognition and learning needs.[ ]  Social, emotional and mental health needs[ ]  Sensory and / or physical needs.Please give details: |
| Have you made any referrals to outside agencies and what was the outcome of the referrals? Yes [ ]  No [ ] E.g. CISS, IYFAP, SES (MAAP), School Nursing, EWO, School counsellor, Wellbeing Hub  |
| Has the child received any Fixed Term Exclusions in the last 12 months? Yes [ ]  No [ ] Please include details of number and duration of the Exclusions and codes  |
| If your school is a Secondary Education Setting, would your school be willing to allow this young person to sit their GCSE exams as an External Candidate at your school?Yes ☐ No ☐ |

Accompanying documents: tick as applicable

Safeguarding file chronology [ ]

Last school report. [ ]

DSL name: Click or tap here to enter text.

DSL Signature: Date: Click or tap here to enter text.

Headteacher’s name: Click or tap here to enter text.

Headteacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

Please note that by signing this form you are confirming both the accuracy of the information provided and that the Pupil regulation 8.1 Code D procedures have been followed.

