

**Education Welfare Pupil Referral Form**

 **Academic Year 2017 - 18 R A G**

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| Pupil’s Name:  | DOB:  M/F: |
| Address:  | Parent/Carer’s name: Telephone no:  |
| School:Address:  | Telephone no:  |
| Year Group:  | Unique Pupil no: |
| Ethnic origin:  | SEN:  |
| Medical Needs: | LAC: YES / NO |
| Please indicate if the pupil has :Pupil PremiumEarly Help AssessmentChild in need planSocial Care involvement  |  |
| Further information including: Reasons given for absence, additional classroom support, alternative provision.**Current Attendance: %** |
| **EVIDENCE OF SCHOOL/PROVIDER ACTIONS** Please ensure the following paperwork, *where relevant*, is attached to this referral. It will not be possible to process the referral without it and it will be returned to the school. Registration certificate Letters to parents Records of meetings held with parents  Records of home visit made by Support Worker Referral to other agencies  I confirm that the school will not routinely authorise any further absences without justifiable evidence and that parents have been advised of the fact that this referral has been made to Education WelfareContact person: Education Welfare Officer: Date: Email to; educationwelfare@northumberland.gov.ukIMPORTANT: CONFIDENTIALITY SHOULD BE OBSERVED AND COMPLETED FORMS PLACED ON THE PUPIL’S FILE. THIS FORM MAY BE SHOWN TO THE PARENT/GUARDIAN AND COULD BE USED AS EVIDENCE IF COURT ACTION IS TAKEN. |