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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 and  Relationship | | | | | | 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** | | |  | | --- | | 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](mailto:ehe@oxfordshire.gov.uk) 01865 323513

**INITIAL HEALTH AND SAFETY RISK ASSESSMENT**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 arrival  Conduct interview on doorstep/in hall if uncomfortable with situation  Other (please specify) |  |