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| **Elective Home Education – Sibling Form** | | | | | | | |
| **Pupil details** | | | | | | | |
| School Name | |  | | | | | |
| Surname/Legal Surname | | |  | | | Forename |  |
| Date of Birth |  | | |  | | | |
| **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**  **If any such concerns exist, please give details below, together with dates of any referrals**  **made.** | | | | | | | |
| Are parents aware of your concerns? YES  NO  N/A | | | | | | | |
| **Comments (are there any 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 to:** Elective Home Education Team, Education Inclusion Service**,** Oxfordshire County Council**,** 1st Floor**,** Unipart House**,** Garsington Road**,** OX4 2GQor [eotas@oxfordshire.gov.uk](mailto:eotas@oxfordshire.gov.uk).

For any enquiries, please call 01865 810605. Thank you.