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| **Elective Home Education – School Exit Form**  **(All sections of this form must be completed, failure to do so will result in the form being returned)**  **Please return this form, together with the letter/email from parents, to:** [ehe@oxfordshire.gov.uk](mailto:ehe@oxfordshire.gov.uk) |
| **Pupil details** |

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| School Name |  |

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| Surname/Legal Surname |  | Forename |  |

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| Middle name |  | Chosen name |  |

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| Date of Birth |  | Identify |  | Year Group |  |

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| Address |  |

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| Post Code: | Admission Date |  | Date removed from roll |  |

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| Reason for home educating (if known): |
| Confirmed Educational plan (if known) |
| Has parent been provided the Summary of Educational Provision (form on Intranet): Y or N  to be returned to [EHE@oxfordshire.gov.uk](mailto:EHE@oxfordshire.gov.uk) |
| GP Details:  Please confirm the School Health Nurse has been informed about removal from roll for EHE and provide then named School Health Nurse for the school:  Signed by……………  Designated Safeguarding Lead or member of SLT  Date of information share:  (please include a copy of the email to the SHN) |

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| Ethnicity: | EASL: Y or N | First Language: |  | Religion |  |

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| **Parents/Carers’ contact details** |

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| 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: |

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| Safeguarding (Failure to complete will result in the form being returned to you)  If your answer is Yes to any of the following, please provide a summary |
| **Does the school hold any existing welfare or safeguarding concerns regarding the child or family?**  **YES**  **NO**  **Has the child/family experienced any historic traumatic events?**  **YES NO**  **Have you or other professionals raised any concerns historic or current regarding Neglect?**  **Yes No**  **If yes, have these concerns been referred to Children’ services? 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).***  Please provide a summary regarding any existing or historic safeguarding concerns below, together with dates of any referrals made, outcome of referral and any advice given: |
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| Is a Child Protection plan/Child in Need plan in place? YES  NO  If Yes, please attach details of the current plan and name/email address of current allocated worker/lead professionals:  If Yes, a meeting must be held with the social worker, EHE team and family before removal from roll in line with OCC Policy. |

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| Is the child in Care? | YES  NO | Care Authority |  |

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| Has the child been subject to a TAF? | YES NO  If yes, please attach details. | TAF lead professional: |

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| 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** |

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| Educational Psychologist | County Attendance Team | Social Care | Exclusion and Reintegration | LCSS |

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| Child and Adolescent Mental Health Services | Youth Offending Team | Other |

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| Details of involved professionals (name and contact telephone numbers) |

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| **Special Educational Needs: If EHCP: child must remain on roll until an annual review has taken place and final amended plan has been issued with EHE in section I. Parental letter and Summary of Education form are still required to be sent to EHE team.** |

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| **SEN Status** | Special Educational Needs ☐  (please give details)  EHCNA ☐ Date of submission:  EHCP ☐ | EHCP annual review date:  Name of current SENO: |  |

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| **Attendance** |
| Did the child attend school regularly, i.e. above 90% (over the last 12 months)?YES NO  If NO, please provide a summary of barriers to attendance:  All schools in Oxfordshire will work with the local authority to ensure that parents or carers do not regard elective home education as a viable option to:  Please check areas that have been explored:   access an alternative school place   receive education due to a child's health/emotional health needs   deal with unresolved bullying   resolve perception of unmet need, particularly SEND   resolve dissatisfaction with provision   avoid challenge or intervention in relation to safeguarding concerns   a confirmed route to a 14-16 college placement.   avoid exclusion   avoid legal action in relation to school attendance |
| **Exclusions** |
| Please give details of any suspensions/PEX in last 12 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. |

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| **Information given by** |

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| Name: | Contact Number: |
| Designation: | Date: |

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