

**ACADEMIC YEAR 2023/2024**

**NOTIFICATION TO LOCAL AUTHORITY OF ELECTIVE HOME EDUCATION**

* *The 2016 statutory Children Missing Education guidance requires all schools to notify the local authority when they are about to remove a pupil’s name from the admission register. This notification covers the information schools are required to provide.*
* *The additional information requested below is necessary to enable the local authority to operate a process that is proportionate, does not seek to exert more oversight than is needed and that prioritises the workload of Elective Home Education Visitors.*
* *This form may have been sent by us to your school for a child who was not withdrawn specifically for elective home education purposes, but this information is still required to enable us to accurately prioritise cases for Elective Home Education Visitors.*
* *Our Privacy Notice for home educated children can be found on the Southampton City Council website.   
  The Southampton City Council Global Privacy Notice can be found at* [www.southampton.gov.uk/privacy](http://www.southampton.gov.uk/privacy).

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHOOL NAME:** | Choose an item. | **HEADTEACHER SIGNATURE:** |  |

**EHE documentation should be sent to the LA as soon as possible and no later than 5 days after receipt.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PUPIL DETAILS** | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | Click to enter text | | | | | | **DOB** | | Click to enter date | | | | | **NCY** | | | Choose an item. |
| **Parent (complete as appropriate)** | | | | Click to enter names | | | | | **PR** | Choose an item. | | **Tel.** | | Click to enter text | | | | | | |
| **Parent (complete as appropriate)** | | | | Click to enter names | | | | | **PR** | Choose an item. | | **Tel.** | | Click to enter text | | | | | | |
| **Carers (complete as appropriate)** | | | | Click to enter names | | | | | **PR** | Choose an item. | | **Tel.** | | Click to enter text | | | | | | |
| **Guardians (complete as appropriate)** | | | | Click to enter names | | | | | **PR** | Choose an item. | | **Tel.** | | Click to enter text | | | | | | |
| **Pupil address** | | | | Click to enter address | | | | | | **Known risk level i.e. 2 staff to visit?** | | | | | Choose an item. | | | | | |
| **OTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| **SEND status** | Choose an item. | | | **Sessions of exclusion in current academic year** | | | | Click to enter text | | | | **Attendance %**  **Authorised %**  **Unauthorised %** | | | | Click to enter text | | | | |
| **CLA status** | Choose an item | | | **At risk of permanent exclusion?** | | | | Choose an item. | | | | Click to enter text | | | | |
| **Safeguarding status** | Choose an item | | | **No. of PPN1s in current academic year** | | | | Click to enter text | | | | Click to enter text | | | | |
| **EHE relates to allegations of bullying?** | | | | Choose an item. | | | | **Current or historical?** | | | | | Choose an item. | | | | | | | |
| **PROFESSIONAL INVOLVEMENTS (PLEASE TICK ALL THAT APPLY)** | | | | | | | | | | | | | | | | | | | | |
|  | | | **Current** | | **Previous** | |  | | | | | **Current** | | | **Previous** | | | |  | |
| ELSA | | |  | |  | | PACT or assessment team | | | | |  | | |  | | | | Other (please specify):  Click to enter text | |
| School counsellor | | |  | |  | | Early Help | | | | |  | | |  | | | |
| School pastoral team | | |  | |  | | School Nurse | | | | |  | | |  | | | |
| Education Welfare | | |  | |  | | Police\YOS | | | | |  | | |  | | | |
| CAMHS | | |  | |  | | Bereavement services | | | | |  | | |  | | | |
| Speech & language therapist | | |  | |  | | Support for behaviour | | | | |  | | |  | | | |
| Family Engagement Worker | | |  | |  | | Children Missing Education | | | | |  | | |  | | | |
| Date last safeguarding referral submitted by the school? | | | | | | | | | Click to enter date | | | | | | | | | | | |
| **ATTAINMENT\PROGRESS** | | | | | | | | | | | | | | | | | | | | |
| **Current progress** | | **English** | | | Select | | | | **Maths** | | Select | | | | **Science** | | | Select | | |
| **ACTIONS TAKEN BY SCHOOL (please check one box against each action)**  **\***  *Templates are available to download at* <https://www.southampton.gov.uk/schools-learning/guidance-for-schools/general-guidance/inclusion-services/)> | | | | | | | | | | | | | | | | | | | | |
|  | | | | **YES** | **NO** | **N\A** | | **OUTCOME\FURTHER INFORMATION**  **To avoid this form being returned to the school this section must be completed if the tick box response could indicate that the school has not complied with the process.** | | | | | | | | | | | | |
| Parent invited for a discussion in school. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| EHE Visitor and Social Worker invited to the school discussion if CP or CIN. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Parent offered LA mediation if required. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| \* Parent asked to complete a 2021\22 Overview of Home Education. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Phone contact with parent attempted if parent does not wish  to attend a discussion in school. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| \* 2021\22 parental information leaflet issued if parent does not wish to attend a discussion in school. | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Current case holders contacted | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| SEND Case Officer contacted (If EHCP) | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Was the deregistration letter signed by someone known to have PR? | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Deregistration letter sent to LA **(to** **children missing education**  **on Anycomms**) | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| EHE Notification form sent to LA **(to** **children missing education**  **on Anycomms**) | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Overview of Home Education sent to LA **(to** **children missing education**  **on Anycomms**) | | | |  |  |  | | Click here to enter text. | | | | | | | | | | | | |
| Where known, reasons provided by parents for decision to EHE  Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **FURTHER INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Click to enter text  **Completed by (print name):** Click to enter text **Date**: Click to enter date | | | | | | | | | | | | | | | | | | | | |