**Services to Home Educators**

**Guidance Notes: School Notification of Parental Intention to Educate other than at School**

**Why I am being asked to provide this information?**

The Education (Pupil Registration) (England) (Amendment) Regulations 2016 place a duty on all schools to inform the Local Authority of any pupil who is going to be deleted from the admission register where they have been taken out of school by their parents and are being educated at home. In accordance with the Regulations this return to the Local Authority should be made as soon as the ground for deletion is met in relation to that pupil, and in any event no later than deleting the pupil’s name from the register.

Schools can only delete a pupil’s name from the admission register when a parent has confirmed to them **in writing** that it is their wish to educate their child at home. When the letter has been received, schools should notify the LA by completing both an [Off Roll Notification form](https://www.schools.norfolk.gov.uk/-/media/schools/files/pupil-safety-and-behaviour/children-missing-education/off-roll-notification-form.docx) to the [Children Missing Education team](mailto:cme@norfolk.gov.uk) in line with LA procedures ***and*** submit this referral form to the [Services to Home Educators team](mailto:Servicestohomeeducatorsadmin@norfolk.gov.uk).

**What will happen next?**

Upon receipt of notification and evidence of a parents intention to home educate their child, Services to Home Educators will make contact with the family to offer advice and support and to establish so far as is possible whether the child is receiving a suitable education. Whilst the Local Authority (LA) has no statutory duties in relation to monitoring the quality of home education on a routine basis, under Section 437(1) of the Education Act 1996, the LA shall intervene if it appearsthat parents are not providing a suitable education.

Services to Home Educators believes that children should have a positive experience of home education and that this is best achieved when families and the Local Authority can work together. In order to ensure that Services to Home Educators can provide parents and children with appropriately targeted support and guidance please could you complete this form as fully as possible.

**Submitting a referral**

In addition to completing this referral form as fully as possible and providing the relevant education documentation as detailed below, it is important that you provide a copy of the letter/email received from parents/carers outlining their intention to home education the child. You should also provide a **copy** of any Child Protection files where applicable.

**Please upload this form along with all relevant supporting documents**

**via** [Any Comms Plus](https://acplus.nsix.org.uk/Login.aspx) **to the Services to Home Educators Team.**

**Schools without access to Any Comms Plus should securely email** [servicestohomeeducatorsadmin@norfolk.gov.uk](mailto:servicestohomeeducatorsadmin@norfolk.gov.uk)

Should you have any further questions, please contact Services to Home Educators on

01603 307733.

**Thank you for providing this information.**

**Services to Home Educators**

**School Notification of Parental Intention to**

**Educate other than at School**

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| **School**: | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Child Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | | | | | Ethnic origin: | | | | | |  | | | | | |
| Date of birth: | | | |  | | | | | | | | | | First language: | | | | | |  | | | | | |
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| Does the child have Looked After Child status? | | | | | Yes / No | | | Is the child eligible for additional funding (e.g. PP/Post LAC) | | | | | | | | | | | | | | | Yes / No | | |
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| **Child Safety / Welfare** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the child known to Children’s Services e.g. Early Help/ Children in Need/S47 Child Protection? | | | | | Yes / No | | | Date of last contact with Children’s Services: | | | | | | | | | | | | | | |  | | |
| **Does the school have any concerns about the child’s safety or welfare?**  Please check with all relevant members of staff and specify YES or NO here: | | | | | | | | | | | | | | | | | | | | |  | | | | |
| If yes, on a separate sheet marked Confidential, please outline the nature of the concerns, the action the schools has taken to address these concerns and the involvement of other agencies in respect of these matters. Please also supply a **COPY** of the child’s safeguarding file but retain the original within the school.  **Important: This is for our information only, if you have any current safeguarding concerns you must inform CADS as appropriate, in line with your safeguarding procedures.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Notice of intention to home educate** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date that the parental notification of intention to home educate in writing was received: | | | | |  | | | | Date removed from roll: | | | | | | | | | | | | |  | | | |
| Has an [Off Roll Notification form](https://www.schools.norfolk.gov.uk/-/media/schools/files/pupil-safety-and-behaviour/children-missing-education/off-roll-notification-form.docx) been completed? | | | | |  | | | | Date Off Roll Notification form submitted to the CME Team: | | | | | | | | | | | | |  | | | |
| Date of first attendance at school: | | | | |  | | | | Date of last attendance at school: | | | | | | | | | | | | |  | | | |
| % attendance to date this year: | | | | |  | | | |  | | | | | | | | | | | | |  | | | |
| **NOTE:** You **MUST** obtain a letter/email from the parent/carer who has parental responsibility, that clearly states that the parent intends to home educate. **Please attach the letter/email to this referral.** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Main Parent/Carer with whom the child lives** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Current address |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home telephone: |  | | | | | | | | | Work telephone: | | | | | |  | | | | | | | | | |
| Mobile: |  | | | | | | | | | Email: | | | | | |  | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Sibling(s)  (name/date of birth/ current school): |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Any other Parent/Carer with whom the child lives** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Current address |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home telephone: |  | | | | | | | | | Work telephone: | | | | | |  | | | | | | | | | |
| Mobile: |  | | | | | | | | | Email: | | | | | |  | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Details of other adults with Parental Responsibility for the child (non-resident)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Current address |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Home telephone: |  | | | | | | | | | Work telephone: | | | | | |  | | | | | | | | | |
| Mobile: |  | | | | | | | | | Email: | | | | | |  | | | | | | | | | |
| Relationship to child: |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Reasons for Elective Home Education:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Bullying | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Medical needs | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Religious beliefs | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Risk of exclusion | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Special Educational Needs | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Particular talent | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Philosophical preference | | | | | | | | | | | | | | | | | | | | | | | | |  |
| School of choice not available | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Covid19 | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Unresolved school issues –  please provide further information: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Other – please specify: | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Details of education provision whilst at school:**  Including any specific additional adult support, Short Stay School or SRB placements, alternative education or work-based learning | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Does the child have any of the following in place?** Please provide details including dates for review: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual Education Plan (IEP), behavior support plan, individual risk assessment, individual timetable (please attach a copy with this referral form) | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | |
| Pastoral Support Plan (PSP) | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | |
| Fixed term exclusions | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | |
| Special Educational Needs: | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | |
| Category of SEND need as identified on school SEND register: | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Education Health Care Plan (EHCP)  Please provide us with a copy of the most recent EHCP | | | | | | | Yes / No | | | |  | | | | | | | | | | | | | | |
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| **Details of any additional support or services you have put in place for this child:**  Please outline any additional needs the child may have including any disabilities, medical needs, gifted & talented, EAL and the support being provided | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Educational Progress** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please comment on the child’s educational progress:**  Please advise if this child is working above or below the expected levels for reading, writing and maths. Provide any details that you feel would be helpful to us, which may include information on the child’s targets for the current academic year and their progress towards meeting these. Include information of any alternative provider. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Primary statutory assessments -** Please provide details | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLD level – Early Years | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Phonics screening check - Year 1 | | | | | | | Pass/Fail | | | | | |  | | | | | | | | | | | | |
| Phonics screening re-check - Year 2 | | | | | | | Pass/Fail: | | | | | |  | | | | | | | | | | | | |
| KS1 Teacher assessment scores | | | | | | | Reading: | | | | | |  | | Writing: | | | |  | | Maths: | | |  | |
| KS2 Statutory Tests - scaled scores | | | | | | | Reading: | | | | | |  | | Writing: | | | |  | | Maths: | | |  | |
| KS2 Writing - Teacher assessment | | | | | | |  | | | | | | | | | | | | | | | | | | |
| KS3 – End of KS3 Teacher assessment | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Other Agency Involvement:**  Please supply full contact details of other professionals working with the child and a summary of their involvement with the family (e.g. Attendance & Entitlement Officer, Social Worker, SEN Caseworker, young carers etc): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Current address | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Role | |  | | | | | | | | | | Work telephone: | | | | |  | | | | | | | | |
| Email: | |  | | | | | | | | | | Mobile: | | | | |  | | | | | | | | |
| Summary of involvement | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Referrer’s contact details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | Position: | | | | | |  | | | | | | | |
| Signature: | | |  | | | | | | | | | Telephone: | | | | | |  | | | | | | | |
| Date: | | |  | | | | | | | | | Email: | | | | | |  | | | | | | | |