

Elective Home Education Notification Form

Please save the document to your device before completion. You can then email the form as an attachment.

We will be removing the following pupil
 from our school roll with effect from as the person with
 parental responsibility has declared their intention to provide this child with an elective home
 education. **Please attach a copy of the legally required parental letter/email.** A child cannot be
 removed from roll without the legally required parental letter/email.

CHILD DETAILS			
First Name(s):		Surname:	
Date of Birth:		Gender:	
Ethnicity:		Year group:	
Childs UPN:			
If the child is a Looked After Child or has a Special Guardianship Order, please provide details:			
CONTACT DETAILS			
Parent/Carer(s):			
Address:			
Telephone:			
Email:			
Language most used at home:			
EDUCATION			
Current School:			
Previous schools (if known):			

Reason for withdrawing to EHE (please tick):

- | | |
|--|--------------------------|
| 1. Bullying | <input type="checkbox"/> |
| 2. Child's unwillingness or inability to attend school | <input type="checkbox"/> |
| 3. Did not get school preference | <input type="checkbox"/> |
| 4. Dissatisfaction with the school | <input type="checkbox"/> |
| 5. Distance to a local school | <input type="checkbox"/> |
| 6. Health reasons – mental health | <input type="checkbox"/> |
| 7. Health reasons – physical health | <input type="checkbox"/> |
| 8. Ideological or philosophical views | <input type="checkbox"/> |
| 9. Lifestyle choice | <input type="checkbox"/> |
| 10. Permanent exclusion | <input type="checkbox"/> |
| 11. Risk of exclusion | <input type="checkbox"/> |
| 12. Short term intervention | <input type="checkbox"/> |
| 13. SEN not being met | <input type="checkbox"/> |
| 14. No reason given | <input type="checkbox"/> |

EDUCATION WELFARE/ SEN INVOLVEMENT/ SAFEGUARDING – Please confirm if there are any safety concerns if the EHE Advisory Tutor was to go into the family home alone?

Details:

Exclusions (fixed or permanent):

Agencies involved with the child:

SCHOOL CONTACT – Please include details of the best person to speak to in the school regarding the child

Name/Job title:

Contact details:

Date:

Please attached any relevant information that will be useful to the EHE Advisory Teacher. Thank you.

Please return to: ehe.team@enfield.gov.uk