

From.....School/Academy

To: Enfield Schools Admission Service
Schools & Children's Services

PUPIL SUSPENSION NOTIFICATION

PUPIL DETAILS (Please complete every section)

Pupil's name

Name of parent or adult with parental responsibility.....

Pupil's address.....

.....Post code

Telephone number.....

Date of birth..... Year group..... Gender

Ethnic origin..... UP Number:

Please tick the relevant box or add any relevant information	Yes	No
Does the pupil have an Education Health Care Plan?		
Has the pupil been referred to Behaviour Support?		
Is the pupil known to Social Services/CAMHS?		
Is the pupil looked after by the Local Authority?		
Does the pupil have a PSP?		
Is this pupil at risk of Permanent Exclusion? If yes, please ensure you consider starting a PSP, if not already started		
Will this suspension result in a pupil being unable to sit a public examination?		

*This form may also be used to notify school governors or the child's Social Worker.
If the pupil is known to Social Services or looked after by the local authority, please provide the Social Worker's contact details.*

Name & contact details:

SUSPENSION DETAILS

Date of suspension Date of return.....

Length of suspension (school days) Lunchtime suspension only.....
(Longer than 5 days – please complete arrangements for educational provision from 6th day)

Reason for suspension.....
.....

Reason code(s) (See list for code/details)

Arrangements for the provision of education during the period of suspension:

Off-Site Education

Other

Total number of school days pupil has been suspended during this academic year.....

Signed..... Headteacher Date: