

HULL CITY COUNCIL CHILDREN MISSING EDUCATION NOTIFICATION FORM

This form is to be used **PRIOR** to referring a pupil as a child missing from education and only when all reasonable enquiries have been made to establish the whereabouts of pupils who have moved out of the area or within the area with no forwarding address, or where a school has been approached for a place directly by a parent/carer, and for agencies other than schools who have knowledge of children not on a school roll. **Please provide as much information as possible.**

REQUIRED INFORMATION FOR PUPIL BEING REFERRED			
Surname		First name(s)	
UPN	DOB	Year Group	Gender
Sibling details			
Current address			
New address/Area moved to			
Parent/Carer name		Contact number	
Current/Previous school – on roll Y/N		Date last attended	
OTHER DETAILS (please indicate)		PUPIL STATUS (please indicate)	
Does the child have a history of non-attendance?	Y/N	LAC	Y/N
Is there a pattern of unauthorised term time leave?	Y/N	Formerly/currently known to Social Care	Y/N
Is the child subject to private fostering?	Y/N	SEND	Y/N
Do you have any supporting documentation to support relocation out of Hull? Please attach	Y/N	Traveller	Y/N
Name and contact details of social worker/other agency		Asylum Seeker	Y/N
Other vulnerabilities (domestic violence, temporary accommodation) Please state			

ACTIONS TAKE PRIOR TO REFERRAL

Phone Call 1	Tel:	Date: / /	Outcome:
Phone Call 2	Tel:	Date: / /	Outcome:
Letter Sent	Date: / /	Outcome:	

OUTCOMES OF HOME VISITS

DATE	AM	PM	ADDRESS VISITED: (if different from above)	WHO DID YOU SPEAK TO? (State relationship to the pupil as well as forename and/or surname)

SAFEGUARDING RISK APPRAISAL (To be completed by Designated Safeguarding Lead)

Risk Assessment (are there any known concerns/safeguarding risks)

Date of any concerns referred to EHASH?

Outcome of referral to EHASH?

YOUR CONTACT DETAILS

Name	Job title
Email	Date referred
Contact number	

For office use only

Involvements	
Confirm address and parent details Y/N	Confirm sibling details Y/N
Known to admissions team Y/N	Date referred to other agencies
School allocated	Date on roll

Please return this form to: Education Welfare Service, The Guildhall, Alfred Gelder Street, KUH HU1 2AA
Via EDT for Hull schools or Email – CME@hullcc.gov.uk

IMPORTANT: If you receive any notification of a school admitting this pupil(s) please contact the CME Officer ASAP on 613967