

*Children, Young People and Family Services*

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.**

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| **Required information for pupil being referred** |
| Forename |  | Gender |  |
| Middle name(s) |  | Date of birth | dd/mm/yyyy |
| Surname |  | Year group |  |
| Sibling details |  |
| Current address |  |
| New address/area moved to |  |
| Parent/carer name |  |
| Email address |  | Contact number |  |
| Current/previous school |  | On roll? | Yes [ ]  | No [ ]  |
| Date last attended | dd/mm/yyyy |

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| **Other details**  |
| Does the child have a history of non-attendance? | Yes [ ]  | No [ ]  | Is there a pattern of unauthorised term time leave? | Yes [ ]  | No [ ]  |
| Please indicate which of these descriptors are relevant | SEND[ ] Young carer [ ] Traveller [ ]  Asylum Seeker [ ] Service child [ ]  |
| Please record any other vulnerabilities (e.g. domestic violence, temporary accommodation) |  |
| Do you have any supporting documentation to support relocation out of Hull? **Please attach** |  |
| Please indicate which of these social care descriptors are relevant: | Not known to social care [ ] Currently known to social care [ ] Previously known to social care [ ] Child Looked After (CLA) [ ] Child Protection status [ ] Child in Need status [ ] Child is subject to private fostering [ ]  |
| Name and contact details of social worker |  |
| Name and contact details of any other agency involved |  |

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| **Actions taken prior to referral** |
| Phone call 1 | Tel: | Date | dd/mm/yyyy |
| Outcome |  |
| Phone call 2 | Tel: | Date | dd/mm/yyyy |
| Outcome |  |
| Letter sent date | dd/mm/yyyy |
| Outcome |  |

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| **Outcomes of home visits** |
| Date | AM | PM | Address visited (if different from above | Outcome (include the full name of who you spoke to and their relationship to the pupil) |
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| **Safeguarding risk appraisal** |
| Risk Assessment – state any known concerns or safeguarding risks |  |
| Date of any concerns referred to EHASH | dd/mm/yyyy |
| Outcome of referral to EHASH |  |

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| **Contact details of referrer** |
| Name |  | Job title |  |
| Contact number |  | Date referred | dd/mm/yyyy |
| Email address |  |

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| **FOR OFFICE USE ONLY** |
| Involvements |  |
| Confirmed address and parent details | Yes [ ]  | No [ ]  | Confirmed sibling details | Yes [ ]  | No [ ]  |
| Known to Admissions Team | Yes [ ]  | No [ ]  | Date referred to other agencies | dd/mm/yyyy |
| School allocated |  | Date on roll | dd/mm/yyyy |

Please return this form to: Education Welfare Service Via EDT or email your locality inbox:

EWSWest@hullcc.gov.uk

EWSEast@hullcc.gov.uk

EWSNorth@hullcc.gov.uk

**IMPORTANT: If you receive any notification of a school admitting this pupil(s) please contact the Education Welfare Service via your locality inbox.**