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| **Learner Information Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Home School: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Date LIF completed: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **PUPIL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil's First Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Pupil's Surname: | | | | | | | (Legal) | | | |  | | | | | | | | (Pref.) | | | |  | | | | |
| Date of Birth: | | | | | | |  | | | | | | | | | Yr. Group: | | |  | | | | | | | | |
| Gender (please tick): | | | | | | | Male | | | |  | | Female | | |  | | | None Specified | | | | | | |  | |
| UPN: | | | | | | |  | | | | | | | | | ULN: | | |  | | | | | | | | |
| Pupil Premium: | | | | | | | Yes/No | | | |  | |  | | | Free School Meals: | | | | | | | Yes/No | | |  | |
| Attendance to date: | | | | | | |  | | | |  | | Previous Academic Year Attendance: | | | | | | | | | | | | |  | |
| Main place of residence: | | | | | | | | | | | | | Other known address: | | | | | | | | | | | | | | |
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| **Ethnicity** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | **Asian/Asian British** | | | | | | **Black/African/Caribbean** | | | | | **Mixed/Multiple Ethnic** | | | | | | | **Other** | | | | |
| English | | | | | Indian | | | | | | Caribbean | | | | | White/Black Caribbean | | | | | | | Arab | | | | |
| Welsh | | | | | Pakistani | | | | | | African | | | | | White/Black African | | | | | | | Traveller | | | | |
| Scottish | | | | | Bangladeshi | | | | | | Any other | | | | | White/Asian | | | | | | | Gypsy/Roma | | | | |
| Northern Irish | | | | | Chinese | | | | | |  | | | | | Any other | | | | | | | Refugee | | | | |
| British | | | | | Any other | | | | | |  | | | | |  | | | | | | | Asylum Seeker | | | | |
| Irish | | | | |  | | | | | |  | | | | |  | | | | | | | Any other | | | | |
| Any other | | | | |  | | | | | |  | | | | |  | | | | | | | None of the above | | | | |
| **If you have highlighted 'any other', please specify here:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **PARENT/CARER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Priority Contact One** | | | | | | | | | | | | | **Priority Contact Two** | | | | | | | | | | | | | | |
| Parent/Carer Name: | | | | | | |  | | | | | | Parent/Carer Name: | | | | | | | | | |  | | | | |
| Relationship to Pupil: | | | | | | |  | | | | | | Relationship to Pupil: | | | | | | | | | |  | | | | |
| Parental Responsibility? | | | | | | | Yes/No | | | | | | Parental Responsibility? | | | | | | | | | | Yes/No | | | | |
| Email Address | | | | | | |  | | | | | | Email Address | | | | | | | | | |  | | | | |
| Telephone Number: | | | | | Day | |  | | | | | | Telephone Number: | | | | | | Day | | | |  | | | | |
| Evening | |  | | | | | | Evening | | | |  | | | | |
| Mobile | |  | | | | | | Mobile | | | |  | | | | |
| Address (including postcode): | | | | |  | | | | | | | | Address (including postcode): | | | | | |  | | | | | | | | |
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| **REASON FOR REFERRAL (please indicate where applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Short Stay |  | | Alternative Provision | | |  | | | Managed Transfer  (if so what level) | | | | |  | | | | Permanent Exclusion  (inc. code) | | |  | | | | FAP | |  |
|
| Reason: | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Part-time placement? | | | | | | | | | | | Yes/No | | Full-time placement? | | | | | | | | | | | | | Yes/No | |
| If Alternative Provision please indicate timeframe: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Fixed Term Exclusions (please indicate where applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PREVIOUS ACADEMIC YEAR** | | | | | | | | | | | | | **CURRENT ACADEMIC YEAR** | | | | | | | | | | | | | | |
| Number of fixed term exclusions? | | | | | | | | | | |  | | Number of fixed term exclusions? | | | | | | | | | | | | |  | |
| Total number of days: | | | | | | | | | | |  | | Total number of days: | | | | | | | | | | | | |  | |
| Reasons: | | | | | | | | | | | | | Reasons: | | | | | | | | | | | | | | |
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| **Any other information you think the receiving setting/ school should be aware of:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (For example - food allergy, disability, medical condition, etc…) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EXTERNAL AGENCY INFORMATION (please indicate where applicable))** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the child currently listed as:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Looked After |  | | | | Child Protection Plan | |  | | | | Child in Need | |  | | | Early Help | | |  | | | | Other (please specify): | | |  | |
|
| Reason: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Has the child historically been listed as: (please indicate where applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child Looked After |  | | | | Child Protection Plan | |  | | | | Child in Need | |  | | | Early Help | | |  | | | | Other (please specify): | | |  | |
|
| Reason: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Authority responsible: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Name of Social Worker: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Virtual School Contact: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Family Support Worker: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Early Help Lead Professional: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Other professionals services (please indicate if this is current or historical):** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MASH/Social Care | | | | | | | | | | | | | Targeted Youth Support | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Educational Psychologist | | | | | | | | | | | | | Youth Justice Service | | | | | | | | | | | | | | |
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| RISE / CAMHS | | | | | | | | | | | | | Specialist Teaching Service | | | | | | | | | | | | | | |
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| Compass (including School Health Nurses) | | | | | | | | | | | | | WAS (formerly ACE) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Any other agency (please specify): | | | | | | | | | | | | | Any other agency (please specify): | | | | | | | | | | | | | | |
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| **Are there any significant events / dates that the receiving setting/ school need to be aware of?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (For example - death of a relative, anniversary of being taken into care, etc...) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SUBJECTS STUDIED & ATTAINMENT LEVELS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBJECT** | | | | | **KS1 Attainment** | | | | | | | | | | **KS2 SATS RESULTS** | | | | | | | **KS3 SATS RESULTS** | | | | | |
| **Reading** | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| **Writing** | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| **Maths** | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| **English** | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| **Science** | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |
| Has the child sat the 11+ test? | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| **Early Years Foundation Stage Profile** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication and Language | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Physical Development | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Personal, Social and Emotional Development | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Literacy | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Maths | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Understanding the World | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| Expressive Arts and Design | | | | |  | | | | | | | | | |  | | | | | | | | | | | | |
| **For ALL pupils, please list subjects / qualifications currently studying:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBJECT** | | | | **COURSE DETAIL** | | | | | | **EXAM BOARD** | | | | | | | **CURRENT GRADE** | | | | | | | **TARGET GRADE** | | | |
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| **Please provide any additional information, including hobbies/interests that may be relevant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (For example - subjects where a child is identified as gifted, or if they play for a local sports team) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SEND INFORMATION (please indicate where applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the child currently listed as:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Under statutory assessment | |  | | | | | | K' Coding | | | |  | | | | | | | | No known SEN | | |  | | | | |
| **What is the nature of the child's Special Educational Needs?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please include a copy of the most recent:  Personalised Plan/ Pastoral Support Plan, Educational Psychology and/or Specialist Teacher Report | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IMPORTANT: PERMANENT EXCLUSIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Schools must notify the Exclusions team by email on the day that the Headteacher makes the decision to permanently exclude so that the Local Authority can fulfil its duty to provide education on the 6th day. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|
| A decision to exclude a pupil permanently should only be taken: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* In response to a serious breach, or persistent breaches of the school's behaviour policy; | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **and** |  | | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
| \* Where allowing the pupil to remain in school would seriously harm the education or welfare of the | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| pupil or others in the school. | | | | | | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
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| Please sign below to confirm that the above information is correct and that the decision to exclude has | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| been taken to the Headteacher. | | | | | | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
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| Signature of person completing this form: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Role: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Date: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Please email the completed form to: | | | | | | | | | | | | | [exclusions@warwickshire.gov.uk](mailto:exclusions@warwickshire.gov.uk) | | | | | | | | | | | | | | |
| For any procedural enquiries, please contact Exclusions on : | | | | | | | | | | | | | | | | 01926 738353 | | | | | | | | | | | |
|  |  | | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
| **Exclusions, Education & Learning** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Saltisford Office Park, Ansell Way, Warwick, CV34 4UL** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  | | --- | |  | | | This information is being collected to monitor the education progress of the name pupil. The information may also be shared with other agencies involved with the student's education or welfare and used to provide statistical data in anonymised form. If you have any queries regarding this, please contact the exclusions team. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| For Alternative Provision or a Managed Move please send this form to:  [jamiegoodall-barber@warwickshire.gov.uk](mailto:jamiegoodall-barber@warwickshire.gov.uk) |  | | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
| **HOME SCHOOL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authority: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| School Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| DSL: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Behaviour Lead: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Careers Advisor | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| If the child is being permanently excluded please give reason: | | | | | | | | | | | | | | | |  | | |  | | | |  | | |  | |
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| Code used:  Date of exclusion: | | | | | | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
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| Date of Governor's meeting: | | | | | | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |
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| For Coordinators  Actions Agreed:  Funding Arrangements:  Date:  Return to: [jamiegoodall-barber@warwickshire.gov.uk](mailto:jamiegoodall-barber@warwickshire.gov.uk) |  | | | |  | |  | | | |  | |  | | |  | | |  | | | |  | | |  | |

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| **Risk Assessment** | | | | |
| **Area of Risk (please indicate where applicable)** | **Y** | **N** | | |
| Theft |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Wandering around site |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Truancy |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Absconding |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Self-Harm |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Substance possession |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Substance misuse |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Substance dealing |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Alcohol Misuse |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Damage to Property |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Arson |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Weapon related incident |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Physical aggression towards peers |  |  | | |
| **Actions to Minimise Risk:** | | | | |
| Physical aggression towards adults |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Verbal aggression towards peers |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Verbal aggression towards adults |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Bullying peers |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Persistent defiance |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Sexual inappropriate behaviour towards others |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Other |  | |  | |
| **Actions to Minimise Risk:** | | | | |
| Confidential child protection – information available on request |  | | |  | |