

EHE De Registration Form

Child's Details:

Surname:

Forename:

Date of Birth:

Address:

Year Group:

Parent/ Carer Name/s:

Ethnicity:

Parent/ Carer telephone:

Gender:

Parent/ Carer email address:

Additional Details:

Child's spoken Languages:

Does this child have any SEN or disabilities? (If yes, please give details)

Does this child have an EHCP? (If yes, please provide name of plan co-ordinator)

Is there any social services involvement with this child? (If yes, please give details and name of allocated social worker)

School Details:

Start date:

Date last attended:

Attendance %:

Has this child ever been excluded? (If yes, please provide details)

EHE Information :

What reason has the child's parent provided for opting to educate from home?

Has the school met with the parent to discuss the full implications of withdrawing from school/ are the school confident that the parent understands their decision fully?

Does the school/ referee have any other relevant information or additional concerns about this child?

Referrer Details :

Name:

Role:

Telephone Number:

Email Address:

Date of Referral:

Please send this form to katie.stone@hackney.gov.uk alongside the parent's written request to opt to home educate.

PLEASE DO NOT REMOVE STUDENT FROM SCHOOL ROLE UNTIL YOU HAVE RECEIVED CONFIRMATION THAT THIS HAS BEEN ACCEPTED AS AN APPROPRIATE ELECTIVE HOME EDUCATION REFERRAL. WHERE A CHILD IS KNOWN TO CSC OR THERE ARE ADDITIONAL CONCERNS, THIS PROCESS MAY TAKE LONGER AS ADDITIONAL WELFARE CHECKS WILL NEED TO TAKE PLACE BEFORE CONFIRMATION.