**

Children Missing Education Referral Form

**Schools** – Please complete parts 1 & 2. **Other** – Please complete part 1 only

**PART 1**

| **Child’s details** |  |  |  |
| --- | --- | --- | --- |
| **Forename(s)** |  | **Gender**  | Male/female  |
| **Surname** |  | **UPN** |  |
| **AKA** |  | **Year group** |  |
| **Date of Birth** |  | **Specific information** | CIN/CP/EHA/SEN/EHCLAC-please indicate placing authority:  |
| **Ethnicity**  |  | **First language** |  |
| **Address** |  | **Postcode** |  |

| **Parent/carer’s details** |  |  |  |
| --- | --- | --- | --- |
| **Forename(s)** |  | **Forename(s)** |  |
| **Surname** |  | **Surname** |  |
| **Relationship** |  | **Relationship** |  |
| **Phone**  |  | **Phone**  |  |
| **Mobile**  |  | **Mobile**  |  |
| **Email** |  | **Email** |  |
| **Address (if different)**  |  | **Address (if different)**  |  |
| **Postcode**  |  | **Postcode**  |  |

| **Any known sibling’s details**(please copy and paste this section for each sibling) |
| --- |
| **Forename(s)** |  | **Gender**  | Male/female  |
| **Surname** |  | **UPN** |  |
| **AKA** |  | **Year group** |  |
| **Date of Birth** |  | **Specific information** | CIN/CP/CAF/SEN/EHCLAC-please indicate placing authority:  |
| **Ethnicity**  |  | **First language** |  |
| **Address(if different)** |  | **Postcode** |  |

| **Current school information** |  |  |
| --- | --- | --- |
| **School**  |  | **Tel. No.**  |  |
| **Address**  |  | **Email address**  |  |
| **Last date attended**  |  | **Reason for leaving** |  |

| **Details of Referral**: Please include as much information as possible. |
| --- |

| **Name of referrer**  | **Organisation Name** | **Position of referrer**  |
| --- | --- | --- |
|  |  |  |
| **Contact No.**  | **Email address**  |
|  |  |
| **I have read and followed the CME guidance**  |

**PART 2**

**If this is a school referral – Please complete this section also**.

| ABSENCE DAYS- 1-10- ACTION TAKEN BY SCHOOL  |
| --- |
|  | Date  | Outcome  |
| 1st day contact  |  |  |
| CME safeguarding checklist completed. (refer to guidance) |  |  |
| 2nd day contact & Emergency contact numbers  |  |  |
| Letter to Parent/carer |  |  |
| School Attendance Officer informed  |  |  |
| Enquiries of wider school community E.G. Staff, pupils, friends |  |  |
| Home visit  |  |  |
| Any other relevant information.  |  |  |

Please ensure all parts of the form are completed. Incomplete forms will be not be accepted.

Please return the forms, using one of the following methods:

* a secure email : cme@herefordshire.gov.uk
* **anycomms+** to Herefordshire Council *‘children missing education’*
* Referrals may also be posted, but this may delay response time.

Admissions and CME Officer

Plough Lane, Hereford, HR4 0LE