**EHE 1 – Notification of Elective Home Education**

This form should be completed for any child living in Cumberland local authority area who is apparently of school age and has opted for Elective Home Education (EHE). **Please complete as much of the form as possible. Please complete mandatory fields marked \***. For further information, feel free to contact the Business Support Administrator detailed below.

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| --- | --- | --- | --- |
| Name of referrer |  | Date |  |
| Organisation (if applicable) |  | Phone number |  |
| Email address |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \* Name(s) of child(ren) | DOB | Year group | Also known as | M/F | EHCP?  | Looked After Child?  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| \* Name of parents / carers |  | Relationship to child |  |
| \* Contact numbers and email |  |
| \* Home address while at your school |  |
| \* Reason for Elective Home Education |  |
| Date of last attendance at your schools (including attendance %) |  |
| Behaviour including exclusions (dates, length) |  |
| SEN/Early Help |  |
| Pupil premium | YES / NO (delete as appropriate) |
| Attainment | ON TRACK / BELOW / ABOVE (delete as appropriate) |
| EAL | YES / NO (delete as appropriate) |
| Relationship with peers |  |
| Family circumstances |  |
| Social Care |  |
| Health, including mental health |  |
| Police involvement |  |
| Other information  |  |

**Reason for Home Educating**

|  |  |  |  |
| --- | --- | --- | --- |
| Physical health |  |  Mental health |  |
| Health concerns relating to COVID-19 |  |  Did not get school preference |  |
| Permanent exclusion |  |  Risk of school exclusion |  |
| Difficulty in accessing a school place |  |  Philosophical or preferential reasons |  |
| Religious reasons |  |  Lifestyle choice |  |
| Suggestion/pressure from school |  |  Dissatisfaction with the school - general |  |
| Dissatisfaction with the school - SEND |  |  Dissatisfaction with the school - bullying |  |
| Parent/guardian did not give a reason |  |  Other |  |

**Please supply as much information as possible**

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| Telephone call to parent/carer (date and outcome) |
|  |
| Home visit (date and outcome) |
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| **Completed forms to be returned to:**Andrea Brown, Business Support Administrator, Learning Improvement Service, West Cumbria House, Jubilee Road, Workington, CA14 4HBLIS.BusinessSupport@cumberland.gov.uk |

CS/EI/LIS/AB

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