**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 4HB  [LIS.BusinessSupport@cumberland.gov.uk](mailto:LIS.BusinessSupport@cumberland.gov.uk) |

CS/EI/LIS/AB

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