

**Merit Pupil Referral Service  
Referral Form**

**INCOMPLETE FORMS WILL DELAY THE REFERRAL PROCESS**

<b>Student Details:</b> <b>Name:</b> (Please use block capitals)								
<b>Home Address:</b>          <b>Post Code:</b>  <b>Date of Birth:</b>	<b>Name of Current school</b>  <b>Names of previous schools attended (including Primaries) :</b>  *  *  *  *	<b>Current year Group:</b>  KS3 <input type="checkbox"/> KS4 <input type="checkbox"/>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>UPN</b></td></tr> <tr><td style="padding: 2px;"><b>ULN</b></td></tr> <tr><td style="padding: 2px;"><b>Ethnicity code:</b> <small>(in line with PLASC coding)</small></td></tr> </table> <b>Reason for referral (please tick)</b>  <b>Physical illness</b> <input type="checkbox"/>  <b>Mental Health</b> <input type="checkbox"/>	<b>UPN</b>	<b>ULN</b>	<b>Ethnicity code:</b> <small>(in line with PLASC coding)</small>			
<b>UPN</b>								
<b>ULN</b>								
<b>Ethnicity code:</b> <small>(in line with PLASC coding)</small>								
<b>Parent / Carer contact</b> <b>Name of Parent / Carer (s):</b>	*  *	<b>Relationship to student</b>						
<b>Telephone / contact numbers</b> <b>Home:</b> <b>Mob:</b>	<b>Email:</b>	<b>Free school meal status (Please tick)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Yes</b></td><td style="width: 30px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;"><b>No</b></td><td><input type="checkbox"/></td></tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>		
<b>Yes</b>	<input type="checkbox"/>							
<b>No</b>	<input type="checkbox"/>							
<b>Looked After Status.</b> (Please tick) <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Please tick appropriate status</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;"><b>Residential</b></td><td style="width: 30px;"><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;"><b>Foster Care</b></td><td><input type="checkbox"/></td></tr> <tr><td style="padding: 2px;"><b>Other</b></td><td><input type="checkbox"/></td></tr> </table>		<b>Residential</b>	<input type="checkbox"/>	<b>Foster Care</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Residential</b>	<input type="checkbox"/>							
<b>Foster Care</b>	<input type="checkbox"/>							
<b>Other</b>	<input type="checkbox"/>							

<b>Special Educational Needs</b>  <b>Is student on the SEN Register?</b> (Please tick)      Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>	
<b>Please state stage and category and identify hours / support if student has a EHC Plan</b>	<b>Stage</b>  <b>Category</b>
<b>IEP / IBP /ILP attached</b> (please tick if appropriate)	
<b>Is / has the Education Psychology Service been involved? Please give name and attach detail of input.</b>	<b>Name of EP:</b>
<b>Academic / School Information.</b> <b>Please attach supporting evidence and tick to identify their inclusion.</b>	

<b>Behaviour and Attendance</b>			
<b>Attendance report</b> (attached)		<b>Name of EWO</b>	<b>Current attendance</b> (For this academic year)
<b>Behaviour records</b> (attached)			

<b>Education and Attainment</b>			
<b>KS2 results</b> (Eng, Ma & Sci) <i>please include APS</i> (attached)		<b>Current Teacher Assessment</b> (Eng, Ma & Sci) (attached)	<b>End of key stage Target</b>
<b>FFT(D) Estimates</b> (Eng, Ma & Sci) (attached)		Where appropriate, <b>exam subjects, boards and predicted grades:</b> (attached)	<b>Other</b>

<b>Agencies involved</b> <i>(Please attach all relevant reports)</i>	<b>Name</b>	<b>Contact tel:</b>	<b>Email:</b>
<b>Connect /Camhs</b>			
<b>Specialist Services</b>			
<b>Health</b>			
<b>School Nurse</b>			
<b>Careers service</b>			
<b>Admissions</b>			
<b>Speech and language</b>			
<b>ASD team</b>			
<b>Other</b>			

<b>Please identify all intervention strategies implemented by the school to date.</b>
<b>Outline impact and identify future planning for this student</b>

**Consent of Head teacher**

*I support the referral of this student and authorise the relevant funding including Pupil Premium SEN monies for provision as appropriate.*

	<b>Name</b> (please print)	<b>Signed</b>	<b>Date</b>
<b>Head teacher:</b>			
<b>Referred by:</b>			
<b>School lead contact:</b>			

**The referring School retains responsibility for students on personal tuition.**

For School office use only.

Place offered    Personal Tuition

School Provision

Placement offered

	MON	TUES	WEDS	THURS	FRI
AM					
PM					

TOTAL DAYS

TOTAL HOURS

TRANSPORT REQUIRED