**Education Attendance Service Referral Form**

**This referral should be discussed with your allocated EWO prior to submission.**

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| **School** | Click or tap here to enter text. |
| **Name of referrer**  | Click or tap here to enter text. |
| **Date of referral**  | Click or tap here to enter text. |

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| **Legal Surname of young person** | Click or tap here to enter text. |
| **Forename of young person** | Click or tap here to enter text. |
| **Date of birth:** Click or tap here to enter text. | **Year Group:** Click or tap here to enter text. |
| **Overall attendance %** Click or tap here to enter text. | **Number of unauthorised sessions** Click or tap here to enter text. |

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| **Address of Young Person** | Click or tap here to enter text. |
| **Post Code** | Click or tap here to enter text. |

**EHCP** [ ]  **LAC** [ ]  **EAL** [ ] Click here to enter first language.

**FSP** [ ] Click here to enter workers name.

**Social Care** [ ] Click here to enter workers name.

**Youth Justice** [ ] Click here to enter workers name.

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| **Parents legal Surname** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Forename** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Title** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Relationship to young person** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Is Parent to be involved in process** |  |  |
| **Address if different to above** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Postcode if different to above** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Telephone number** | Click here to enter parent 1. | Click here to enter parent 2. |
| **Email Address** | Click here to enter parent 1. | Click here to enter parent 2. |

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| **Name of any siblings**  | **DOB** | **School** |
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| **Details of any other ‘Parent’ who are not listed above** |
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| **What are we worried about? Must be completed** |
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| **Actions taken by school prior to referral? Must be completed** |
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**Has an FPN been issued** [ ] Click here to enter issue date.

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| **Complicating Factors**  |
|  |

**Please remember to attach up to date registration certificate**

**Email completed Referral Form to:** **schoolattendance@suffolk.gov.uk**