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| Young Person’s Name:  | Academic Year: |
| School/College Attended/Address:Telephone number:  | Connexions Adviser (if applicable)Telephone number: |
| Head Teacher: | Name of Designated Governor: |
| Head of Year: | Designated Teacher for LAC: |
| Educational Statement YES or NO?  | Date of last PEP:  |
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| Subjects & Key Stage: | Name of Teacher/ Mentor: |
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| Additional Support Identified / Plan of Support Include Name of Mentor  |
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| Transport arrangements |  |
| Dinner money arrangement  |  |

**ESSENTIAL EDUCATIONAL INFORMATION**