**Referral Form for a Child Missing Education** (to be completed electronically)

\*\*\***In any case where there are grounds to believe there are urgent risks for a pupil’s safety or well-being the school should consider making an immediate referral to the relevant agency such as Children’s Services or the Police**\*\*\*

|  |  |
| --- | --- |
| Name & designation of referrer |  |
| Contact number of referrer |  |
| Email address of referrer |  |
| Name of school on roll |  |
| Last date at current school |  |
|  |  |
| Child’s surname  (If more than 1 name oldest) |  |
| Child’s first name |  |
| Child’s DoB |  |
| Gender |  |
| Known siblings names / DoBs |  |
| Address while resident in ST |  |
| Parents names |  |
| Parents telephone no. /email details etc |  |
| New address if known |  |
|  |  |
| Contact details of any other relevant persons |  |
| Any known reason a home visit should not be undertaken? |  |
| Completed action checklist attached (FORM A) | If no, please provide reason? |
| Summary of concerns or information known |  |