

PARENTS' ELECTIVE HOME EDUCATION (EHE) REFERRAL FORM

This referral is for notifying the Local Authority of your decision to home educate your child/ren. It is important that you complete the form with as much detail as possible so the Elective Home Education Service can respond promptly and offer support to you and your child/ren.

Please complete and return this form by email to home.education@birmingham.gov.uk

REFERRER DETAILS	
NAME OF PARENT REFERRER:	
ADDRESS:	
EMAIL ADDRESS:	
TELEPHONE NO:	
CHILD'S DETAILS	
CHILD'S FIRST NAME:	
SURNAME:	
ALTERNATIVE NAME:	SCHOOL YEAR:
DOB:	GENDER:
ETHNICITY:	
CHILD'S ADDRESS:	
POST CODE:	
PARENT/CARER NAME	PARENT/CARER NAME
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:



PARENTAL RESPONSIBILITY:		PARENTAL RESPONSIBILITY:		
YES: NO:		YES: NO:		
PARENT ADDRESS/CONTACT DETAILS <i>(Where different)</i>		PARENT ADDRESS/CONTACT DETAILS <i>(Where different)</i>		
POSTCODE:		POSTCODE:		
HOME TEL NO:		HOME TEL NO:		
MOBILE PHONE:		MOBILE PHONE:		
EMAIL ADDRESS:		EMAIL ADDRESS:		
Is this child a sibling of a child currently registered for EHE		YES	NO	UNKNOWN
Are you completing additional EHE referrals for other sibling/s alongside this referral?		YES	NO	
OTHER CHILDREN IN THE HOUSEHOLD <i>(please list names, dates of birth, and if registered for EHE if known):</i>				
NAME	DOB	REGISTERED FOR EHE Y/N	DATE REFERRED	
IS YOUR CHILD ON A CHILD PROTECTION PLAN?		YES:		NO:
IS YOUR CHILD ON A CHILD IN NEED PLAN?		YES:		NO:



IS YOUR FAMILY: GYPSY ROMA TRAVELLER NEW TO BIRMINGHAM ASYLUM SEEKER	YES:	NO:
	YES:	NO:
YES:		NO:
NONE OF THE ABOVE		
IS YOUR CHILD PREGNANT? A TEENAGE PARENT?	YES:	NO:
IS YOUR CHILD PREGNANT? A TEENAGE PARENT?	YES:	NO:
DOES YOUR CHILD HAVE SPECIAL EDUCATIONAL NEEDS AND/OR A DISABILITY?	YES:	NO:
<i>If yes, please tell us more.</i>		
DOES YOUR CHILD HAVE AN EDUCATION, HEALTH AND CARE PLAN (EHCP)?	YES:	NO:
DATE OF EHC PLAN: ____ / ____ / ____	DATE OF LAST REVIEW: ____ / ____ / ____	
NAME OF CASE OFFICER		
DOES THE CHILD HAVE ANY HEALTH NEEDS?	YES	<i>if yes please describe health needs below:</i>
	NO	

What reason has been given for the child being educated at home? (Please tick the most appropriate)

Difficulty in accessing a school place		Religious reasons	
Did not get school preference		Child's attendance	
Suggestion/pressure from school		Dissatisfaction with school - SEND	
Health concerns relating to Covid-19		General dissatisfaction with school - general	
Philosophical or preferential reason		Risk of school exclusion	
Lifestyle choice		Permanent exclusion	
Dissatisfaction with the school - bullying		Did not provide a reason	
mental health			

			Unknown	
	physical health		Other	
CURRENT SCHOOL DETAILS				
Has your child ever attended school?		Yes:		No:
1. Name of current school:-				
2. Date of child's last attendance <i>(dd/MM/YYYY)</i>				
3. Date roll removal (if applicable) <i>(dd/MM/YYYY)</i>				
Have you written to the school to notify them of your intentions to home educate?		Date sent:- <i>(dd/MM/YYYY)</i> Attached: Yes/No		
Tell us about your child's educational journey so far.				
Do you receive/ require any support to ensure your child receives a suitable education?				
Have you considered any other options prior to your decision to home educate?				
How does your child feel about being home educated?				
Additional Information				
Is your family known to Birmingham Childrens Trust?		YES	NO	DETAILS:
Has your family received early help support in the last 12 months?				
Are you familiar with the DfE Elective Home Education guidance for parents?		YES	NO	
<p>Please send the completed form to home.education@birmingham.gov.uk Please note: the form will be returned if it is submitted incomplete.</p>				

