ELECTIVE HOME EDUCATION (EHE) NOTIFICATION FORM

**Notification of intent to home educate your child.**

This referral form is for notifying the Local Authority of your decision to home educate your child/ren. It should be completed with as much detail as possible for any child between the ages of 5 and 16 who has been withdrawn from school or never been registered at a school and is being educated at home by parents / carers.

Please complete and return this form by email to: [ElectiveHomeEducation@croydon.gov.uk](mailto:ElectiveHomeEducation@croydon.gov.uk)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT / CARER DETAILS** | | | | | | | | | | | | | | | | | |
| **NAME OF PARENT / CARER:** | | | |  | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | |
| **PARENT / CARER RESPONSIBILITY:** | | | | | | **PARENT / CARER RESPONSIBILITY:** | | | | | | | | | | | | |
| **YES: NO:** | | | | | | **YES: NO:** | | | | | | | | | | | | |
| **PARENT / CARER ADDRESS/CONTACT DETAILS**  ***(Where different )***  **POSTCODE:** | | | | | | **PARENT / CARER ADDRESS/CONTACT DETAILS**  ***(Where different )***  **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 *(please list names, dates of birth, and if registered for EHE if known):*** | | | | | | | | | | | | | | | | | | |
| **NAME** | | | **DOB** | | | **REGISTERED FOR EHE Y/N** | | | | | | | | | **NAME OF SCHOOL** | | | |
|  | | |  | | |  | | | | | | | | |  | | | |
| **DOES YOUR CHILD HAVE SPECIAL**  **EDUCATIONAL NEEDS AND/OR A DISABILITY?** | | | | | | | | **YES:** | | | | | | | **NO:** | | | |
| ***If yes, please tell us more.*** | | | | | | | |  | | | | | | | | | | |
| **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** | | *if yes please describe health needs below:* | | | | | | | | |
| **NO** | |
| **What reason has been given for the child being educated at home?** | | | | | | | | | | | | | | | | | | |
| **IS YOUR CHILD ON A CHILD PROTECTION PLAN?** | | | | | | | | **YES:** | | | | | | | **NO:** | | | |
| **IS YOUR CHILD ON A CHILD IN NEED PLAN?** | | | | | | | | **YES:** | | | | | | | **NO:** | | | |
| **IS YOUR CHILD KNOWN TO THE YOUTH JUSTICE SERVICE** | | | | | | | | **YES:** | | | | | | | **NO:** | | | |
|  | | | | | | | | | | |
| **NO** | |  | | | | | | | | |
| **CURRENT SCHOOL DETAILS** | | | | | | | | | | | | | | | | | | |
| **Has your child ever attended school?** | | | | | | | ***Yes:*** | | | | | | ***No:*** | | | | | |
| **1. Name of current school:-** | | | | | | |  | | | | | | | | | | | |
| **2. Date of child’s last attendance**  ***(dd/MM/YYYY)*** | | | | | | |  | | | | | | | | | | | |
| **3. Date roll removal (if applicable)**  ***(dd/MM/YYYY)*** | | | | | | |  | | | | | | | | | | | |
| **Have you written to the school to notify them of your intentions to home educate?** | | | | | | | **Date sent:- *(dd/MM/YYYY)***  **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?** | | | | | | |  | | | | | | | | | | | |
| **How does your child feel about being home educated?** | | | | | | |  | | | | | | | | | | | |
| **Please circle your reason for electing to home educate from the list below? *(Please tick the most appropriate)*** | | | | | | | | | | | | | | | | | | |
|  | **Reason for EHE** | | | | **Tick here** | |  | | **Explanation and examples** | | | | | | | |  | |
|  | 1 Physical Health | | | |  | |  | | Child is EHE due to one or more physical health conditions e.g. autoimmune illness. | | | | | | | |  | |
|  | 2 Mental Health | | | |  | |  | | Child is EHE due to one or more mental health conditions e.g. anxiety. | | | | | | | |  | |
|  | 3. Health concerns relating to Covid-19 | | | |  | |  | | Child is EHE due to underlying health conditions which increase their, or a member of their families, risk of serious illness from COVID-19 or anxiety regarding COVID-19 transmission. | | | | | | | |  | |
|  | 4. Did not get school preference | | | |  | |  | | Child is EHE as they did not receive their first choice of school preference and their parents were unhappy with any other option. This should be used in cases where it was the parent’s choice as opposed to there being no school place available, in which case ‘Difficulty in accessing school place’ should be used. | | | | | | | |  | |
|  | 5. Permanent exclusion | | | |  | |  | | Child is EHE as they were permanently excluded from their previous school and parent did not want or get alternative education arrangements (e.g. alternative provision) | | | | | | | |  | |
|  | 6. Risk of school exclusion | | | |  | |  | | Child is EHE as parents chose to remove the child from school before the child was excluded. | | | | | | | |  | |
|  | 7. Difficulty in accessing a school place | | | |  | |  | | Child is EHE as there are no suitable school places available e.g. for geographical reasons such as moved home and no suitable school with available places or difficulty in accessing a school that meets the child's needs. This should be used in cases where there is no school place available, as opposed to the preferred choice not being available. | | | | | | | |  | |
|  | 8. Philosophical or preferential reason | | | |  | |  | | Child is EHE as the parent prefers to home educate in order to follow child-centred, flexible approaches to learning instead of mainstream education, or parent feels their child is more suited to home education. | | | | | | | |  | |
|  | 9. Religious reasons | | | |  | |  | | Child is EHE as their religious views were not compatible with the school ethos or curriculum  e.g. in regard to relationships and sex education. | | | | | | | |  | |
|  | 10. Lifestyle choice | | | |  | |  | | Child is EHE due to their family’s lifestyle choice. This could be as their family travels regularly e.g. service children, Gypsy/Roma, Traveller of Irish heritage, child actors, circus performers etc. | | | | | | | |  | |
|  | 11. Suggestion/pressure from school | | | |  | |  | | Child is EHE as they have been off-rolled by the school e.g. to suggest home education for a child who is not attending school regularly, or behavioural needs are not being met at the school. | | | | | | | |  | |
|  | 12. General dissatisfaction with school - general | | | |  | |  | | Child is EHE as they left their previous school due to general dissatisfaction e.g. unhappy with the curriculum of the school, ethos of the school, member of school staff etc. | | | | | | | |  | |
|  | 13. Dissatisfaction with school - SEND | | | |  | |  | | Child is EHE as they left their previous school because their needs were not met or there was inadequate SEND provision. | | | | | | | |  | |
|  | 14. Dissatisfaction with the school - bullying | | | |  | |  | | Child is EHE as they left their previous school because of bullying which was not resolved. | | | | | | | |  | |
|  | 15. No reasons given | | | |  | |  | | The reason why child is EHE was not provided by parents or parents refused to give a reason. | | | | | | | |  | |
|  | 16. Other | | | |  | |  | |  | | | | | | | |  | |
|  | 17. Unknown | | | |  | |  | |  | | | | | | | |  | |
| **Additional Information – Please can you answer the questions below** | | | | | | | | | | | | | | | | | | |
| 1. **What are you setting out to achieve through your home education?** | | | | | | | | | | | | | | | | | | |
| 1. **Curriculum proposed e.g. subject/area, content, resource, delivered by parents / carers or tutor** | | | | | | | | | | | | | | | | | | |
| 1. **If you have a regular timetable please complete the weekly planner below.**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **MON** | **TUES** | **WED** | **THUR** | **FRI** | **SAT** | **SUN** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
| 1. **If you do not have a fairly regular pattern, approximately how many hours are involved in educational activities each week?** | | | | | | | | | | | | | | | | | | |
| 1. **Methods to be used - teaching and learning strategies planned; and whether**   **arrangements are to be made for external examinations, if appropriate.** | | | | | | | | | | | | | | | | | | |
| 1. **How will you know if your child is making progress? (for example, you might want to: record work completed, take photographs, blog, video, keep a journal, mark work, identify milestones reached).** | | | | | | | | | | | | | | | | | | |
| 1. **What are your child’s thoughts & hopes about being home educated? (they might want to include a drawing or some writing as age appropriate?)** | | | | | | | | | | | | | | | | | | |
| 1. **What work have you been doing since you started home education?** | | | | | | | | | | | | | | | | | | |
| 1. **Visits - arrangements made to give child experience of interest outside of the home to**   **include the local/wider environment.** | | | | | | | | | | | | | | | | | | |
| 1. **Social Contacts/Physical Activity - arrangements to be made for play, games, clubs,**   **societies or groups.** | | | | | | | | | | | | | | | | | | |
| **11. Agency contact - Either statutory or voluntary (e.g. Educational Welfare Officer, Education Otherwise, etc.).** | | | | | | | | | | | | | | | | | | |
| 1. **Any other information.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Are you familiar with the DfE Elective Home Education guidance for parents?** | | | | | **YES** | | | | | | **NO** | | | | | | | |
| **Parent / Carer signature** | | | | | **Date** | | | | | |  | | | | | | | |
| **Thank you for filling in this form.**  **Please return the completed form to** [**ElectiveHomeEducation@croydon.gov.uk**](mailto:ElectiveHomeEducation@croydon.gov.uk)  Elective Home Education Team  4th Floor Annexe,  Bernard Wetherill House,  8 Mint Walk,  Croydon, CRO 1EA  **A member of the EHE team will be in contact shortly.**  ***Please note:* the form will be returned if it is submitted incomplete.** | | | | | | | | | | | | | | | | | | |