Herefordshire Council: Children and Families Directorate **Notification of suspension and permanent exclusion of pupils from school**

Please complete all sections of this form immediately upon a suspension or permanent exclusion occurring, and return it to the ‘SEN/Additional needs’ via Anycomms+.

| **1. Pupil details**  |  |  |
| --- | --- | --- |
| **UPN:**  |  |  |   |
| **School:**  |   |  | **DfE No:**  |   |
| **Name of Pupil:**  |   |  | **Gender:**  |   |
| **Date of Birth:**  |   |  | **Year Group:**  |   |
| **Address:**  |  |  |  |
| **Post Code:**  |   |  | **Telephone:**  |   |
| **Name of Parent/Carer/Guardian:**  |  |   |
| **Is this pupil looked after by social services?**  |   |  | **Local** **Authority:**  |   |
| **Ethnicity:**  |   |  |
| **FSM:**  |   | **FSM Ever 6:**  |   | **Pupil Premium:**  |   |

| **2. Please detail the main reason for this exclusion/suspension** |
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|   |
| Please give any further details as to reason for this suspension or permanent exclusion (if necessary):   |
| **Suspension or permanent exclusion?**  |   |
| **If permanent, is the exclusion for (please tick):**  |
|   A single serious incident  |   An accumulation of incidents  |
| Date exclusion commenced: Date suspension commenced:  | Date suspension ends:  |
| **If suspension:**  |
| *Specify the number of days or lunchtime exclusions (One lunchtime exclusion = ½ day):*  | *Specify the aggregate number of days During the current school year:*  |
| Will the pupil as a result of the exclusion lose an opportunity to take any public examinations at your school within the current year? Yes / No  |
| **List of all suspensions/permanent exclusions this academic year:**  |

| **Start Date**  | **Type**  | **Days**  |
| --- | --- | --- |
|   |   |   |
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|   |   |   |

| Head Teacher Signature:  | Date:  |
| --- | --- |

| Page 2Date suspension/permanent exclusion commenced:  **3.** **Name of pupil:**  **School:**  Is the pupil known to have a medical/psychological problem which may influence behaviour? Yes / No  What steps have been taken to address this? Please specify:    For pupils with SEN  **SEN Status:**  **SEN Need Category:**  |
| --- |
| **4. Which of the following agencies are involved with the pupil or family:**  |
|   | Date of first Involvement  | Date of Current Involvement  | Name  |
| Educational Psychologist  |   |   |   |
| Behaviour Support  |   |   |   |
| CLD Youth Counselling Trust  |   |   |   |
| Brookfield Intervention Class  |   |   |   |
| PRU Intervention Placement  |   |   |   |
| Youth Offending Team  |   |   |   |
| Social Services  |   |   |   |
| Police  |   |   |   |
| CAMHS  |   |   |   |
| Early Help Assessment  |   |   |   |
| Other |  |  |  |

Head teacher’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all suspensions/exclusions - supporting information should be supplied with this form.