

 New Student Referral Form

|  |  |
| --- | --- |
| **The Student** |  |
| Name: |  | Preferred Name (if different): |  |
| DOB: | / / | School Year Group: |  | M / F |
| Home Address: |  |
|  | postcode: |  |
| ULN: |  | UPN: |  |

Home Address:

Name:

Tel No:

**Parents/Carers**

postcode:

Email:

Name:

Tel No:

**Emergency Contact**

Email:

Name:

Tel No:

 **Emergency Contact**

Email:

|  |  |
| --- | --- |
| **School** |  |
| School contact: |  |  |
| Tel No: |  | Email: |  |  |
| Designated Person for Safeguarding in school |  |  |
| Tel No: |  | Email: |  |  |
| School Address: |  |  |
|  | Postcode: |  |
| School attendance %: |  | No. of exclusions: |  |
| School attendance officer: |  |  |
| Tel No: |  | Email: |  |  |

|  |
| --- |
| **Behaviour Issues** |
| Does the student have any behavioural diagnoses? | Y / N |
| If yes, please give details below. |
|  |

|  |
| --- |
| **Behaviour Issues** |
| Are there any previous behaviours we should be aware of eg. violent or aggressive behaviour, risk to other students, trigger points to avoid, strategies to employ? |
|  |
| Does the student engage in substance or alcohol abuse? | Y / N |
| If yes, please give details below. |
|  |

|  |
| --- |
| **Health Issues** |
| Does the student use… |
| …an inhaler?…an epipen? | Y / N Y / N |
| Are there any other medical issues or diagnoses we should be aware of (eg. allergies/prescriptions)? |
|  |

|  |  |  |
| --- | --- | --- |
| **Other Information** |  |  |
| Is the student eligible for Free School Meals? | Y / N |
| Is the student working with any other agencies or professionals? | Y / N |
| If yes, please give details below. |
|  |
| Is the student a ‘looked after’ child? | Y / N |
| If yes, please give details below. |
|  |
| Does the student have SEN? | Y / N |
| If yes, please give details below. |
|  |

|  |  |  |
| --- | --- | --- |
| **Other Information** |  |  |
| If yes, please give details below. |
|  |
| Does the student have a social worker? | Y / N |
| If yes, please give details below. |
| Name: |  |
| Email: |  | Phone: |  |
| Are there any family circumstances we should be aware of? |
|  |
| Does the student have any other additional needs we should be aware of? |
|  |

English Language

English Literature Maths

**Target**

**Grade**

**Current**

**Grade**

**KS3**

**Attainment**

**Exam Board and KS2 SATS**

**Specification Results**

|  |
| --- |
| **For English Literature, please indicate below what books the student is studying, and circle details of progress as appropriate.** This helps to ensure that there is efficient overlap of studies and that students are fully prepared for their exams. |
|  | **Name of text** | **Already studied** | **To study in school** | **To study at LVLC** |
| 19th Century Novel |  | Y / N | Y / N | Y / N |
| Shakespeare |  | Y / N | Y / N | Y / N |
| Modern Prose/Drama |  | Y / N | Y / N | Y / N |
| Poetry Cluster |  | Y / N | Y / N | Y / N |

**Reason for attending Impact?**

|  |
| --- |
| **Student Risk Assessment** |
| Area of Risk | Level of risk | Further details andaction to minimise risk |
| Low | Medium | High |
| Verbal aggression |  |  |  |  |
| Physical aggression |  |  |  |  |
| Wandering off/ absconding |  |  |  |  |
| Offending behaviour |  |  |  |  |
| Self-harming behaviour |  |  |  |  |
| Medical issues |  |  |  |  |
| Substance/drug misuse |  |  |  |  |
| Sexualised behaviour towards other children |  |  |  |  |
| Allegations |  |  |  |  |
| Problems when transporting child |  |  |  |  |
| Other: |  |  |  |  |
| Activities to be avoided: |
|  |
| Communication needs |
|  |
| Comments |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Role** |  |
| **Date of Referral** | / / |

|  |
| --- |
| Office use only |
|  |  | Actioned By | Date |
|  | Admissions |  |  |
|  | Arbor |  |  |
|  | Teacher 2 Parents |  |  |
|  | Microsoft Teams |  |  |