# Pupil Referral Form

***Please tick the appropriate pathway for consideration by the Section 19 Access to Education Local Authority Panel:***

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Joseph Paxton | | Home Continuing Education Service | | AV1 Robots | | Physical or Medical | | Other | |

**All referrals are triaged upon receipt and must contain all relevant documents from the list below.**

**Please note:** Referrals that do not include the required documents will not be discussed at the S19 Access to Education Panel.

**Please tick to confirm each item is enclosed.**

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| | Attendance certificates covering the pupil's time in your school, with at least the current year's absences authorised as I, C, or other authorised absences.<br><br>**Note:** If you are recording absences as unauthorised, this is not a Section 19 issue and should instead be dealt with through the school's attendance policy. |
| | Appropriate and up-to-date supporting medical evidence providing a clinical judgement that the pupil is unable to attend mainstream school at the present time. |
| | Individual Healthcare Plan |
| | One Page Profile or equivalent for all pupils with SEND |
| | Evidence of discussion with Locality Attendance Officer (LAO) attached.<br><br>Name of LAO: _____<br>Date of discussion: _____ |
| | EHCP attached to referral for all pupils with an EHCP – please only send the latest copy. |

In addition, to improve the quality of referrals, aid discussion and improve the likelihood of a referral reaching the threshold for Section 19, please also include the following:

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| | Full child and family history with as much detail as possible, **showing the child's story** and how they have arrived at the point where they are unable to attend mainstream school |
| | **Evidence** of a multi-agency approach to overcoming the attendance barriers.<br><br>**Note:** For pupils in Y7, or those in Y8 whose attendance issues arose during Y7, we would expect to see evidence of communication with the primary school to unpick the issues and collaborate on effective strategies. |
| | **Evidence** of a graduated approach – see additional S19 graduated approach guidance. |

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| **Section 1: Pupil Information** | **Section 6: Medical Information** |
| **Section 2: Reason for referral** | **Section 7: School Contact Information** |
| **Section 3: Attendance Information** | **Section 8: Additional Information** |
| **Section 4: Academic Information** | **Section 9: Declaration and Consent** |
| **Section 5: Support and Interventions** | |

## Section 1: Pupil Information

| Pupil's Full Name: | Date of Birth: | Gender: | Year Group: |
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| **Parent/Guardian Name(s):** | | | |
| **Parent/Guardian Contact Number:** | | | |
| **House Number/Name:** | | | |
| **Street Name:** | | | |
| **Post Code:** | | | |
| **Email Address:** | | **Mobile Tel:** | |
| **Do all those with Parental Responsibility know about and agree with this application:** | **Yes / No** | *If the student does not live with both parents, please provide all known addresses/contacts* | |

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| **Current School:** | | | | | | |
| **Pupil Details:** | **CLA:** | **Y / N** | **PP:** | **Y /N** | **FSM:** | **Y/N** |
| **Ethnicity:** | | | **Language Spoken at Home:** | | | |
| **UPN:** | | | **ULN:** | | | |
| **UCI: (Year 10 & 11)** | | | | | | |
| **SEN Status: (N or K)** | | | **EHCP:** | | **Y / N / Applied for** | |
| **Area of Need (if applicable):** | | | | | | |
| **Social Care: (attach last minutes if applicable)** | **None / TAF / CIN / CP / CLA (delete as appropriate)** | | | | | |

## Section 2: Reason for Referral

**Reason for Accessing Section 19 Education:**

Please complete **only one** of sections A, B, C or D to provide a **detailed** summary of the pupil's situation. If KS2, contact HCES to discuss prior to completing this form. If KS3 please include the information/advice sought from the pupil's primary school once issues began to emerge. If KS4 explain journey from Year 7 to now.

**In all cases, please discuss with your Locality Attendance Officer prior to completing the form.**

Please ensure that you:

- **Clearly describe** the reasons why the pupil is currently unable to attend mainstream education.
- **Explain** the pupil's current needs and challenges, including any factors that may be impacting attendance or engagement, such as family circumstances, home environment, peer relationships, or other relevant influences.
- **Provide a summary** of the pupil's educational history, including primary school experience, transition arrangements, and any significant milestones, achievements, or changes in provision.
- **Include details** of all professionals and external agencies involved, and attach any relevant reports, assessments, plans, or supporting documentation.

| **A: Joseph Paxton / Home Continuing Education Service (medical evidence must be included).** |
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| *If student is KS2 please contact HCES for discussion.*<br><br>(Box auto expands, please continue onto additional pages as appropriate) |

**B: AV1 Robots (long term absence due to mental health, EBSA, physical or other difficulties.**

(Box auto expands, please continue onto additional pages as appropriate)

**C: Physical or Medical Difficulties.**

*Please contact the **Advisory Teacher for Physical and Medical Needs** to discuss before completing this section.*

(Box auto expands, please continue onto additional pages as appropriate)

| D: Other (if completing this section please specify the provision you wish panel to consider) |
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**Section 3: Attendance Information:** **Please note if long periods have been recorded as authorised non attendance a Section 19 referral cannot be considered.**

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|---|---|---|---|
| **Pupil's Current Attendance Rate (this academic year);** | | **Date last attended school:** | |
| **Details of any part-time timetable agreements (please attach):** | | | |
| **Details of any alternative provision by the school so far onsite/offsite (please attach dates and reports):** | | | |
| **Has a school attendance panel meeting been held? (if yes, attach minutes):** | | **Yes / No** | |
| **Please attach last 3 years attendance certificates with day view and lesson attendance** | | **Attached Yes / No** | |

**Section 4 - Academic Information**

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|---|---|
| **Prior Key Stage Attainment if available** | Literacy: |
| | Numeracy: |
| **Current Levels of Achievement:** (attach pupils latest progress report) | |
| English: | |
| Maths: | |
| Science: | |
| **Other Relevant Subjects or Achievements:** (provide any areas of curriculum strength or interest) | |
| | |

| **Please provide a summary of known gaps in learning due to absence or areas of concern:** |
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**Section 5 - Support and Interventions (Graduated Response)**

| **Details of Support Provided by the School to Date** *(attach records where appropriate):* | ***Please provide all relevant details. Delete as appropriate below:*** |
|---|---|
| Pastoral support plan/one page profile | Yes / No |
| Counselling/therapy referrals | Yes / No |
| CAMHS involvement | Yes / No |
| SEN interventions | Yes / No |
| Other external agency involvement (e.g., social services, youth offending team) | Yes / No |

**Please provide details / evidence of interventions including dates and outcomes:**

| **Date:** | **Intervention:** | **Outcome:** |
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**Section 6 - Medical Information (if applicable)**

| **Medical Condition (if applicable):** |
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| **Evidence from a Medical Professional (GP, Consultant, CAMHS, etc.):** |
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| **Impact on the Pupil's Ability to Attend School or Engage in Education:** |
| |

## Section 7 - School Contact Information

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|---|---|
| **Name of School Referrer:**<br>**(Position e.g SENCO / Pastoral Lead):** | |
| **Name of Headteacher:** | |
| **Name of Designated Safeguarding Lead:** | |
| **Email contact for referral:** | |
| **Telephone Number:** | |
| **Date of Referral:** | |

## Section 8 - Additional Information

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| **Please attach any additional reports**<br>**(e.g., psychologist reports, external**<br>**agency feedback, etc.):** | |
| **Other comments or information that may be helpful for the panel to consider:** | |
| | |

**Section 9 - Declaration and Consent**

I confirm that the information provided in this referral is accurate and complete to the best of my knowledge. I understand that the Local Authority will use this information to consider appropriate educational provision under Section 19 of the Education Act 1996.

I understand that, where relevant to the referral and decision-making process, NHS health professionals involved with the child or young person may share relevant health information with the Local Authority and Section 19 Panel. This information will be limited to what is necessary and proportionate to support the Panel in understanding the child or young person's circumstances, needs and appropriate educational provision, and will be handled in accordance with applicable confidentiality and data protection requirements.

**Signature of Referrer:**

**Date:**

**Signature of Headteacher:**

**Date:**

**Parent Consent signature (where possible please obtain signature of all those with PR):**

**Date:**

## For Local Authority Use Only

**Date Received:** _____
**Panel Decision:** ☐ Approved / ☐ Not Approved
**Comments:**

| **Next Steps:** |
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