

New Student Referral Form

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:

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| --- | --- | --- | --- | --- | --- | --- |
| **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: |  |  | |

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| --- | --- |
| **Behaviour Issues** | |
| Does the student have any behavioural diagnoses? | Y / N |
| If yes, please give details below. | |
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| **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. | |
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| **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)? | |
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| **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. | | | |
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| **Other Information** | |  | |  |
| If yes, please give details below. | | | | |
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| 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 and  action 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 | | | | |
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| **Signed** |  | **Role** |  |
| **Date of Referral** | / / | | |

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