This form should be used by all schools to notify the local authority of any permanent exclusion. It should also be used to apply for alternative provision for secondary school pupils.

Name of School:__________________________________________________________

**Pupil Information**

Pupil’s First Name:________________________________________________________

Pupil’s Surname: (Legal)___________________________________________________

(Preferred)________________________________________________________________

Date of Birth:_____________ Gender: Male □ Female □

Year Group:_____________ UPN: ______________________

ULN:____________________ Pupil Premium: Yes □ No □

Is the pupil eligible for Free School Meals? Yes □ No □

Address:________________________________________________________________

________________________________________________________________________

Ethnicity:

<table>
<thead>
<tr>
<th>White</th>
<th>Other Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ English/Welsh/Scottish/Northern Irish/British</td>
<td>□ Arab</td>
</tr>
<tr>
<td>□ Irish</td>
<td>□ Any other ethnic group</td>
</tr>
<tr>
<td>□ Any other white background</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asian or Asian British</th>
<th>Other Ethnic Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ India</td>
<td>□ Arab</td>
</tr>
<tr>
<td>□ Pakistani</td>
<td>□ Any other ethnic group</td>
</tr>
<tr>
<td>□ Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>□ Chinese</td>
<td></td>
</tr>
<tr>
<td>□ Any other Asian background</td>
<td></td>
</tr>
</tbody>
</table>
**Parent/Carer Information**

If the pupil is Looked After, please include carer information only.

Name(s) of Parent/Carer: ________________________________  
(delete as appropriate)

Relationship to Pupil: ________________________________

Does this person have parental responsibility? Yes [ ] No [ ]

Telephone Number(s):  
Parent/Carer (Day) ________________________________

(Evening) ________________________________  
(Mobile) ________________________________  
Pupil (if different) ________________________________

Address: ____________________________________________

________________________________________ Postcode: __________________________
# Exclusion Detail

Date of exclusion: ______________

Reason for exclusion (please be specific and give as much detail as possible):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Reason code for exclusion (please refer to the list on the last page): ______________

Date of Governor’s meeting (if known) ______________

Number of fixed term exclusions for the previous 3 terms:
(Please select term as appropriate, insert number of days and detail reasons.)

<table>
<thead>
<tr>
<th>Term</th>
<th>autumn</th>
<th>spring</th>
<th>summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Term 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of days (this academic year) __________

# Additional Information

Is the pupil Looked After? Yes ☐ No ☐

Authority responsible: ____________________________

Name of Social Worker: __________________________

Contact Number: _________________________________

Is the pupil subject to a Child Protection Plan? Yes ☐ No ☐

Does the pupil have an Early Help Single Assessment? Yes ☐ No ☐

(If yes, please provide a copy of the initial help assessment form and the minutes of the last family support meeting)
If no, has an Early Help Assessment been refused?  
Yes ☐  No ☐

Name of Lead Professional: __________________________________________

Other agencies involved (Please provide the name & contact details of the professional):

MASH/Social Care

______________________________

Family Support Worker

______________________________

Educational Psychologist

______________________________

Youth Justice Service

______________________________

CAMHS

______________________________

Specialist Teaching Service

______________________________

Compass

______________________________

ACE

______________________________

Targeted Support for Young People

______________________________

Other agency (please specify):

______________________________

Does this child have an open case under the MOU?  
Yes ☐  No ☐

<table>
<thead>
<tr>
<th>Subject</th>
<th>KS1 Attainment Levels</th>
<th>KS2 SATS Results</th>
<th>KS3 Attainment Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maths</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Literacy Levels or Standardised Scores (if available)**
If there is previous STS involvement, please supply a copy of the Personal Learning & Behaviour Plan / PSP.

Reading: ___________________________

Spelling: ___________________________

Numeracy: ___________________________

Writing: ___________________________
For ALL STUDENTS please list qualifications and/or subjects currently studied

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Details</th>
<th>Exam Board</th>
<th>Current Working Grade</th>
<th>Expected Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>e.g. GCSE</td>
<td>e.g. Edexcel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please provide any additional information which may be relevant

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**SEN / EHCP Information**

In accordance with the SEND Code of Practice, schools are reminded that where there is a placement breakdown at risk for a child with an EHCP/Statement or under statutory assessment, then schools should hold a professionals meeting before moving to consideration of permanent exclusion.

The pupil (please tick as appropriate):

- Has an EHCP/Statement [ ]
- Is under statutory assessment [ ]
- Receives school SEN support [ ]
Has an EHCP been applied for?  Yes  [ ]  No  [ ]
What is the nature of the pupil's additional needs?: 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Attendance Information**

Please provide % attendance for the previous 3 terms and delete as appropriate:
Term 1 – autumn / spring / summer %
Term 2 – autumn / spring / summer %
Term 3 – autumn / spring / summer %

Please also attach the pupil’s registration certificate.

**LEARNER INFORMATION FORM: CHECK LIST**

Before sending this form, please ensure you have completed/attached the information below:

- Learner Information Form fully completed  [ ]
- Risk Assessment completed  [ ]
- Individual Education Plan attached  [ ] (if appropriate)
- Behaviour Log attached  [ ]
- Registration Certificate included  [ ]
- Incident Log attached  [ ]
- Assessment Information included  [ ] (including copies of assessments carried out by STS/EPS)
- Early Help Referral information included  [ ] (including latest FSM meeting)
- Copy of the letter sent to parents attached  [ ]
**IMPORTANT**

Schools must notify the Exclusions team by email **on the day that the head teacher makes the decision to permanently exclude** so that the Local Authority can fulfil its duty to provide education on the 6th day.

A decision to exclude a pupil permanently should only be taken:
- In response to a serious breach, or persistent breaches, of the school’s behaviour policy; **and**
- Where allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

Please sign below to confirm that the above information is correct and that the decision to exclude has been taken by the Headteacher.

**Signature of Headteacher**

**Date**

Please email the completed form to: exclusions@warwickshire.gov.uk

For any procedural queries please contact Exclusions on 01926 738353.

**Exclusions, Education & Learning,**

**Saltisford Office Park, Ansell Way, Warwick CV34 4UL**

This information is being collected to monitor the educational progress of the named pupil.

The information may also be shared with other agencies involved with the student’s education or welfare and used to provide statistical data in anonymised form. If you have any queries regarding this please contact the exclusions team.

**PLEASE COMPLETE THE NEXT 2 PAGES WHEN APPLYING FOR ALTERNATIVE PROVISION (SECONDARY ONLY)**
Referral to Alternative Provider

Reason for referral to alternative provider: ________________________________

Full time placement?  Yes  No □
Part-time placement?  Yes  No □
6th day provision (exclusion)  Yes  No □

Is the pupil attending any other alternative provision?  Yes □  No □
If yes, please provide the following details;

Provider name: ___
Days attending: ________________________________
School name and address: ________________________________

School telephone number: _____
School contact: ________________________________

Designated person for safeguarding in school:
  Name: ________________________________
  Contact number: ________________________________

School behaviour lead:
  Name: ________________________________
  Contact number: ________________________________

Careers advisor:
  Name: ________________________________
  Contact number: ________________________________

Please give any other information you think the alternative provider should be aware of (e.g. food allergy, disability, medical conditions etc):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
<table>
<thead>
<tr>
<th>Area of Risk</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
<th>Details</th>
<th>Actions to minimise risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal aggression</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Physical aggression</td>
<td></td>
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<tr>
<td>Wandering off / absconding</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Offending behaviour</td>
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<tr>
<td>Self-harming behaviour</td>
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<tr>
<td>Medical issues</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Substance / drug misuse</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Sexualised behaviour towards other children</td>
<td></td>
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<tr>
<td>Sexualised behaviour towards adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Allegations</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Problems when transporting child</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Activities to be avoided:</td>
<td></td>
<td></td>
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<tr>
<td>Communication needs:</td>
<td></td>
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<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>

All pupil information must be kept securely in accordance with the School Records Regulations (1999). The sharing of information should be done so under the Warwickshire Information Sharing protocol, the terms and conditions of the contract, and the Data Protection Act.
<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>BU</td>
<td>Bullying</td>
</tr>
<tr>
<td>DA</td>
<td>Drug and alcohol related</td>
</tr>
<tr>
<td>DB</td>
<td>Persistent disruptive behaviour</td>
</tr>
<tr>
<td>DM</td>
<td>Damage</td>
</tr>
<tr>
<td>OT</td>
<td>Other</td>
</tr>
<tr>
<td>PA</td>
<td>Physical assault against an adult</td>
</tr>
<tr>
<td>PP</td>
<td>Physical assault against a pupil</td>
</tr>
<tr>
<td>RA</td>
<td>Racist abuse</td>
</tr>
<tr>
<td>SM</td>
<td>Sexual misconduct</td>
</tr>
<tr>
<td>TH</td>
<td>Theft</td>
</tr>
<tr>
<td>VA</td>
<td>Verbal abuse/threatening behaviour against an adult</td>
</tr>
<tr>
<td>VP</td>
<td>Verbal abuse/threatening behaviour against a pupil</td>
</tr>
</tbody>
</table>