

**Future Stars Education – Student Referral Form**

*(Confidential – For Internal Use Only)*

1. **Referring Organisation Details**

**Organisation Name** (School/Local Authority/Other AP):

**Referrer’s Name & Position**:

**Contact Email**:

**Contact Phone**:

**Date of Referral**:

1. **Student Information**

**Full Name**:

**Date of Birth**:

**Year Group**:

**Gender**:

**Home Address**:

**Parent/Guardian Name(s):**

**Parent/Guardian Contact Details:**

1. **Reason for Referral**

*(Tick all that apply and provide details where necessary)*

☐ Risk of Permanent Exclusion

☐ Persistent Disengagement from Education

☐ SEND (Special Educational Needs and Disabilities)

☐ SEMH (Social, Emotional, and Mental Health Needs)

☐ Behavioural Challenges

☐ Low Attendance (Specify %): \_\_\_\_ ☐ Other (please specify):

**Further Details on Reason for Referral:**

*(Provide a brief explanation of the student's challenges, previous interventions, and current situation.)*

1. **Educational Background**

**Current/Most Recent School:**

**Attendance Record (Last 12 Months %):**

**Previous Exclusions (if applicable):**

**Current Level of Learning (e.g., GCSE targets, predicted grades, or working level): Additional Learning Support Required?** (Yes/No) If Yes, specify:

1. **Support Needs & EHCP Information:**

**Does the student have an EHCP?** (Yes/No) If yes, please attach a copy.

**Primary Needs** (Tick all that apply):

☐ SEND

☐ SEMH

☐ Behavioural Difficulties

☐ Learning Difficulties ☐ Other (please specify):

**Risk Factors** (Tick all that apply): ☐ Self-Harm

☐ Aggression Towards Others

☐ Vulnerability to Exploitation ☐ Attendance Issues ☐ Other (please specify):

**Safeguarding Concerns?** (Yes/No) If yes, please provide relevant details.

1. **Student Wellbeing & Health**

**Medical Conditions (if any):**

**Allergies:**

**Dietary Requirements (e.g., vegan, vegetarian, halal, gluten-free, nut allergy):**

**Does the student require medication during provision hours?** (Yes/No) If yes, please provide details:

1. **Photo & Media Consent**

Future Stars Education may take photos or videos during sessions to celebrate student achievements, showcase activities, and promote the provision. These may be used on our website, social media, or printed materials.

Please indicate your consent:

☐ I **give consent** for the young person’s photos/videos to be used for promotional and educational purposes.

☐ I **do not give consent** for the young person’s photos/videos to be used.

**Sta /Guardian Name:**

**Signature:**

**Date:**

1. **Placement & Provision Details**

**Preferred Start Date:**

**Days Per Week Required:**

**Transport Required?** (Yes/No) **Agreed Funding Arrangements:**

☐ School-Funded ☐ Local Authority-Funded ☐ Other (please specify):

1. **Additional Information**

**Key Interests (e.g., football, creative arts, vocational skills):**

**Additional Notes (e.g., previous interventions, strategies that have worked well):**

1. **Agreement & Signatures**

By signing below, both parties confirm that the information provided is accurate and that the referral is being made in the best interest of the student.

**Referrer’s Signature: Date:**

**Parent/Guardian Signature (if applicable): Date:**

**Next Steps:**

Once completed, please return this form to **Future Stars Education** at

[**Hello@futurestarseducation.co.uk**]. A member of our team will review the referral and be in touch to discuss the next steps.