New Student Referral Form
Please make sure to fill in all boxes.

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| Section 1: Student’s Personal Details |
| **Full given name** |  |
| **Preferred name** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Current address** |  |
| **Any other home addresses** |  |
| Section 2: Guardians and Responsible Adults Details |
| **Full given name** |  |
| **Relationship to student** |  |
| **Address** |  |
| **Phone and Email** |  |
| **Any other responsible adult’s information** |  |
| Section 3: Referral Details |
| **Date of referral**  |  |
| **Referrer's name**  |  |
| **Referrer's contact details** (address, phone, email) |  |
| **Reason for referral** |  |
| **Referral origin**  | Choose an item. |
| **Urgency** | Choose an item. |
| Section 4: Background & Safeguarding |
| **Relevant medical details** |  |
| **Relevant history and any known concerns (non academic)** |  |
| **SEMH Issues** (Social, Emotional, Mental Health) |  |
| **Required student : adult ratio** | Choose an item. |
| **Can the student leave the premises (delete as appropriate)** | Choose an item. |
| **Contact in case of unauthorised absence** |  |
| **Procedure in case of attempted abscondment**  |  |
| **Procedure for emergency** (illness etc) |  |
| Section 5: Educational History |
| **Previous/current placement**(mainstream school/specialist school / homeschool / other) |  |
| **Current school year** |  |
| **Unique Pupil Number** |  |
| **Current academic level of achievement**  | Choose an item. |
| **Literacy skills (reading age/level/grade working at if known)** |  |
| **Numeracy skills (maths age /level/grade working at if known if known)** |  |
| **Specific learning difficulties?**(e.g. Dyslexia, Dyscalculia, ADHD) |  |
| **Special educational requirements**(environmental, personal, sensory etc)Please give as much detail as possible. |  |
| **Strengths and weaknesses** |  |
| Section 6: Placement Details |
| **Requested start date:** |  |
| **Estimated placement length:** |  |
| **Weekly hours for Core Subjects:** | **Maths:** | **English:** | **Science:** |
| **Requested additional subjects (and hours)** |  |
| **Any timetabling constraints** (regular appointments etc) |  |
| **How will student travel to site:** | Choose an item. |
| **Academic Aims:** | **Short term:** | **Long term:** |
|  |  |
| **SEMH Aims** | **Short term:** | **Long term:** |
|  |  |
| **Contact details for required reports if not the referrer (include name and Email address).**  | **Attendance Reports / Frequency:** | **Half Termly Progress Log:** |
|  |  |
| **Expected next stage** | Choose an item.If other, please state:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Attached** | **EHCP**Choose an item. | **Risk Assessment**Choose an item. |
| **Signature** |  |
| **Print name** |  |
| **Date** | Click or tap to enter a date. |
| On receipt of the referral, we will create a tailored timetable and agreed goals for the student for approval. Once a timetable has been agreed upon by all parties (GROW, student, guardian, referrer, and any additional service providers) we will enrol the student. **This form will not be processed unless all components are filled in.**  |